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(54) **METHOD AND APPARATUS FOR COUPLING ANATOMICAL FEATURES**

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See application file for complete search history.

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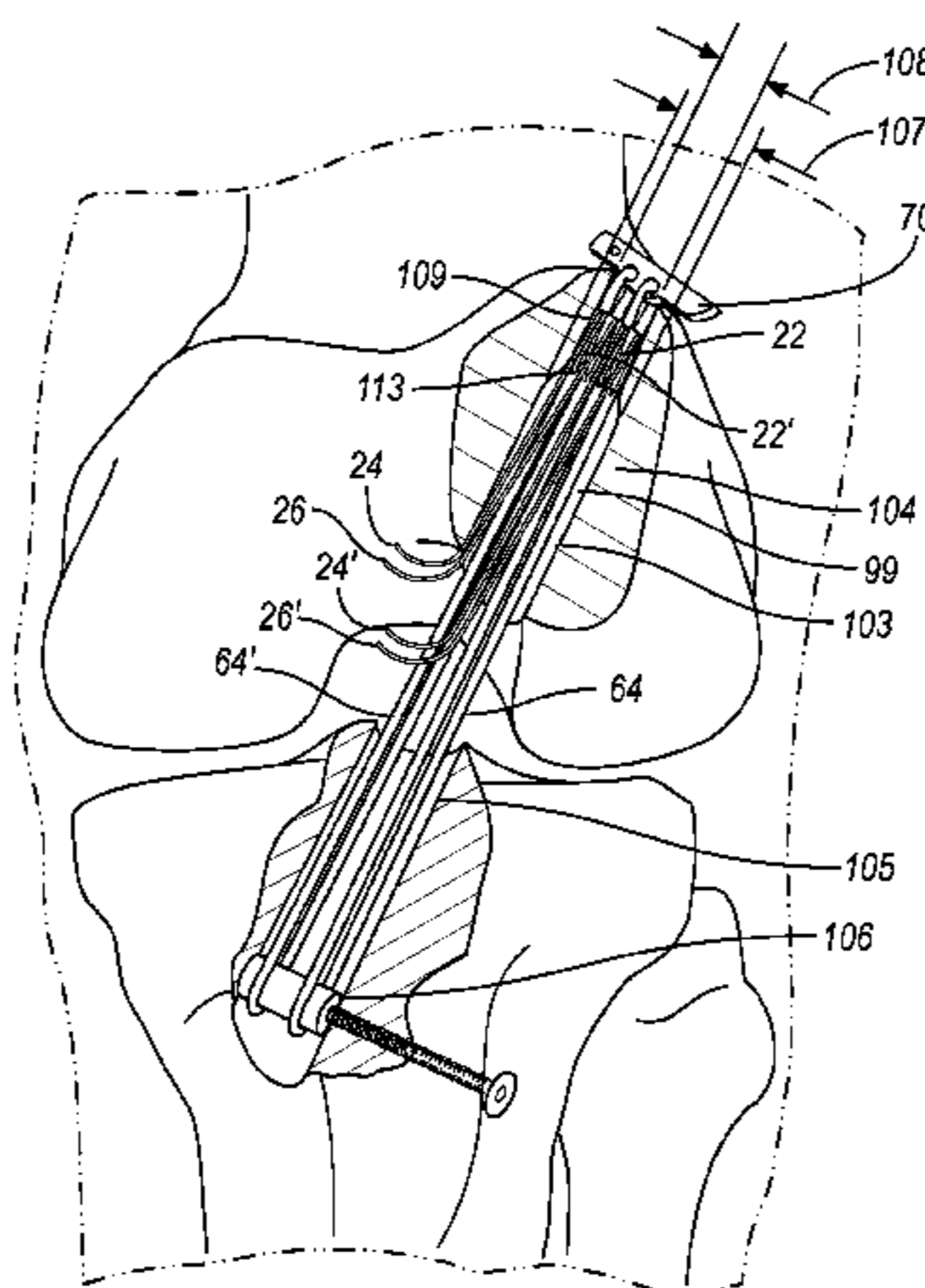
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(57) **ABSTRACT**

An assembly for coupling a first portion of an anatomy to a second portion of the anatomy includes an anchor having an anchor body and a first and second bores through the anchor body. A first adjustable suture construct having a body portion passes through the first bore of the anchor and includes first and second adjustable loops slidable relative to a passage portion defined in the body portion of the first adjustable suture construct. A similar second adjustable suture construct passes through the second bore of the anchor.

20 Claims, 21 Drawing Sheets



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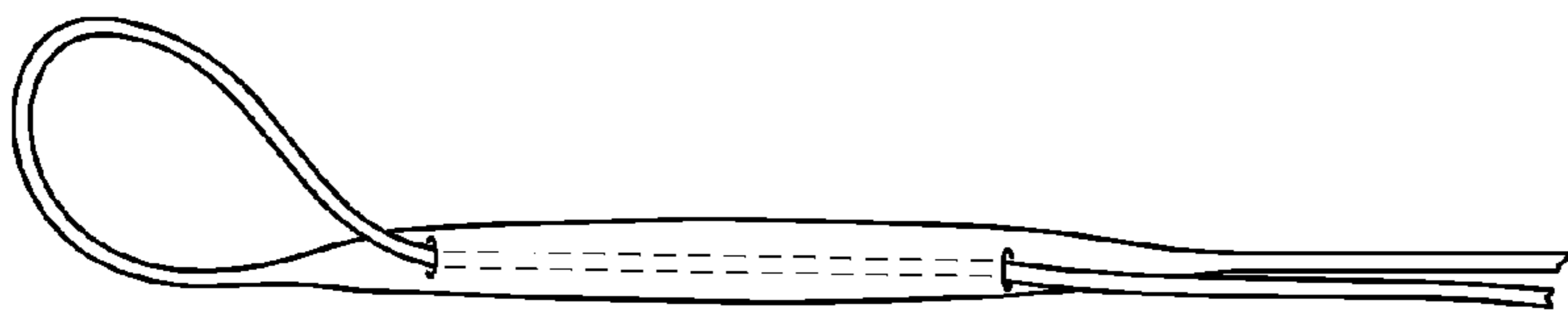


FIG. 1
(prior art)

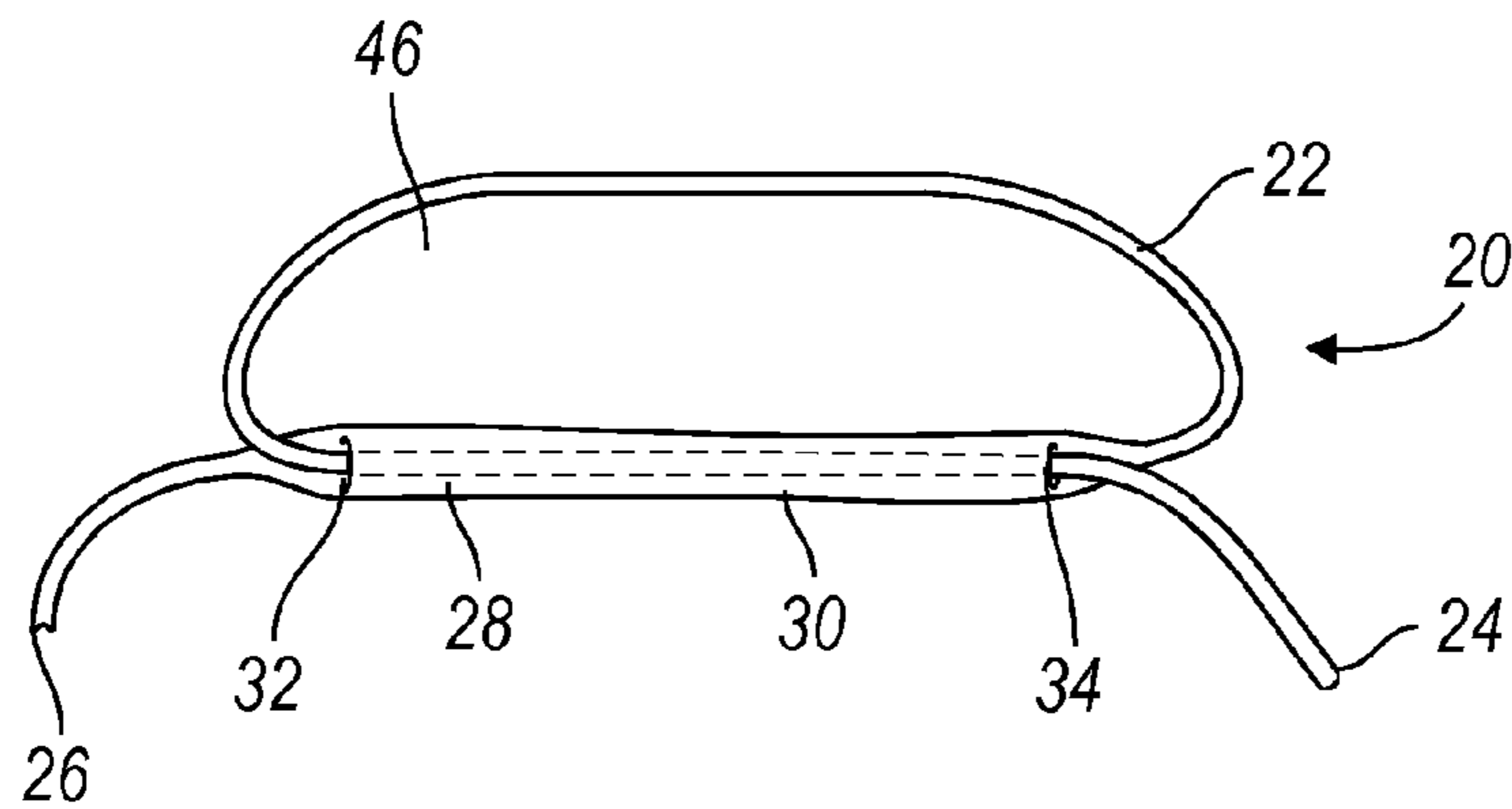


FIG. 2A

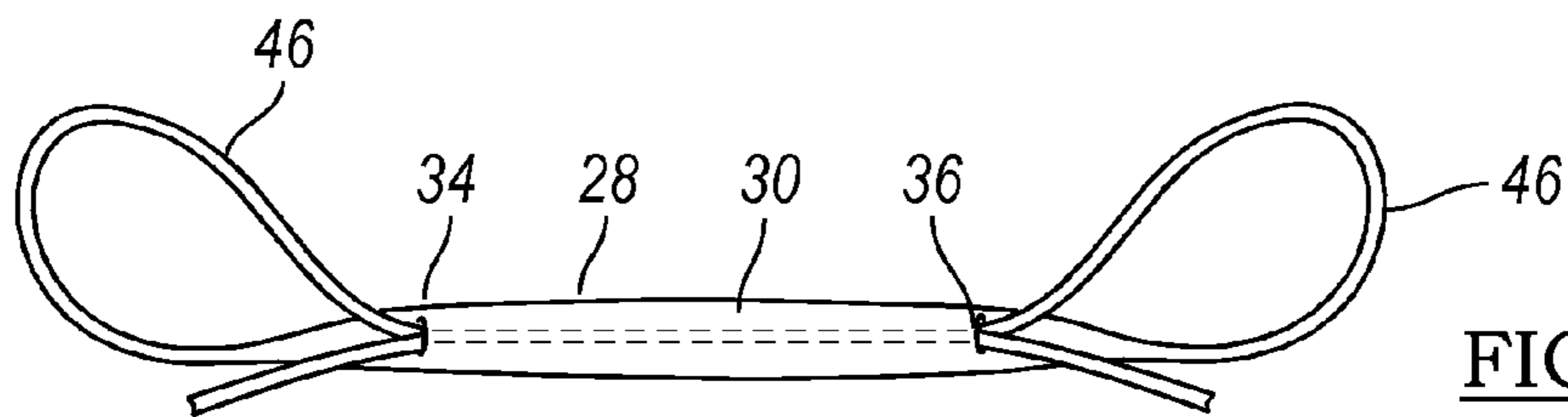
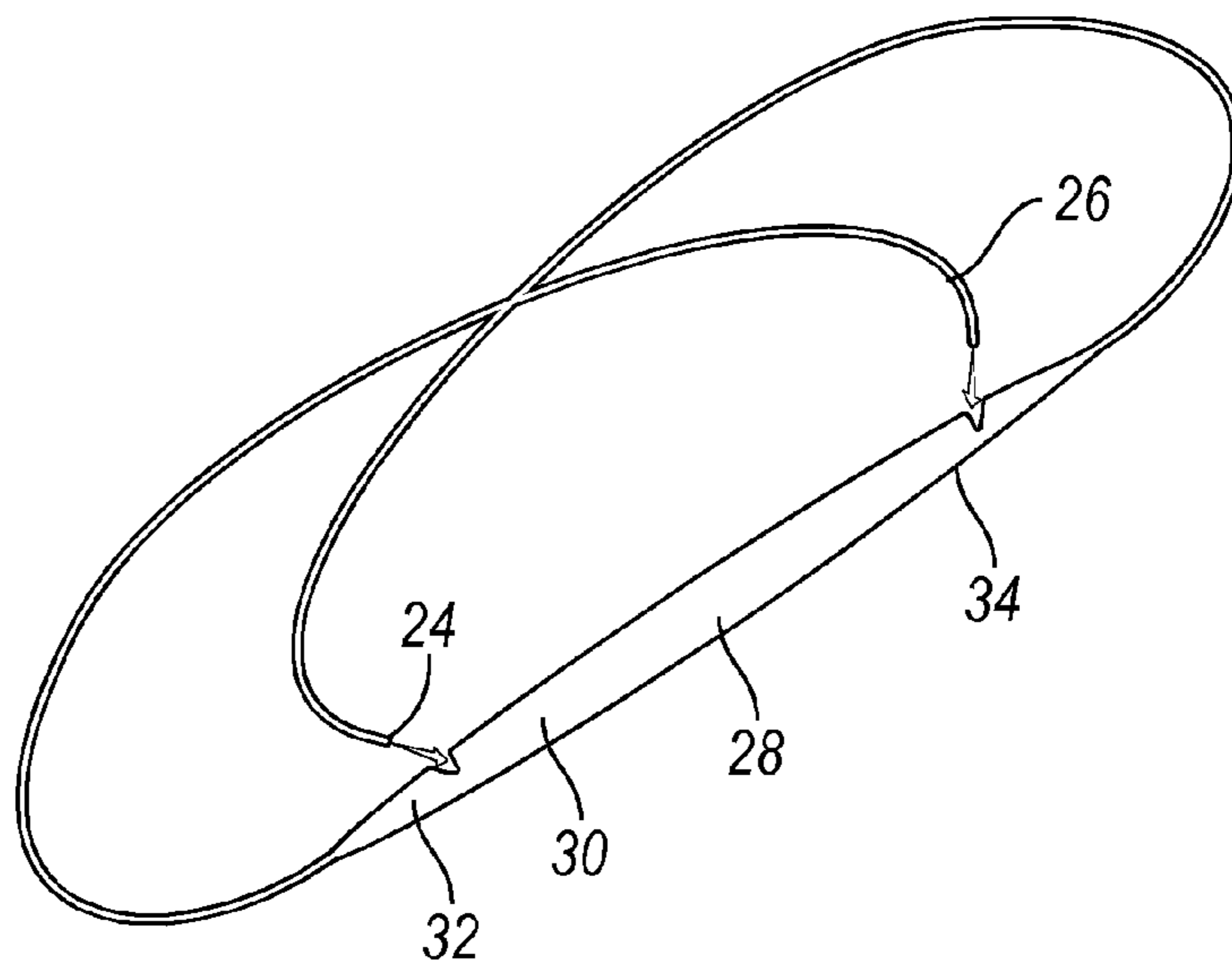


FIG. 2B

FIG. 3



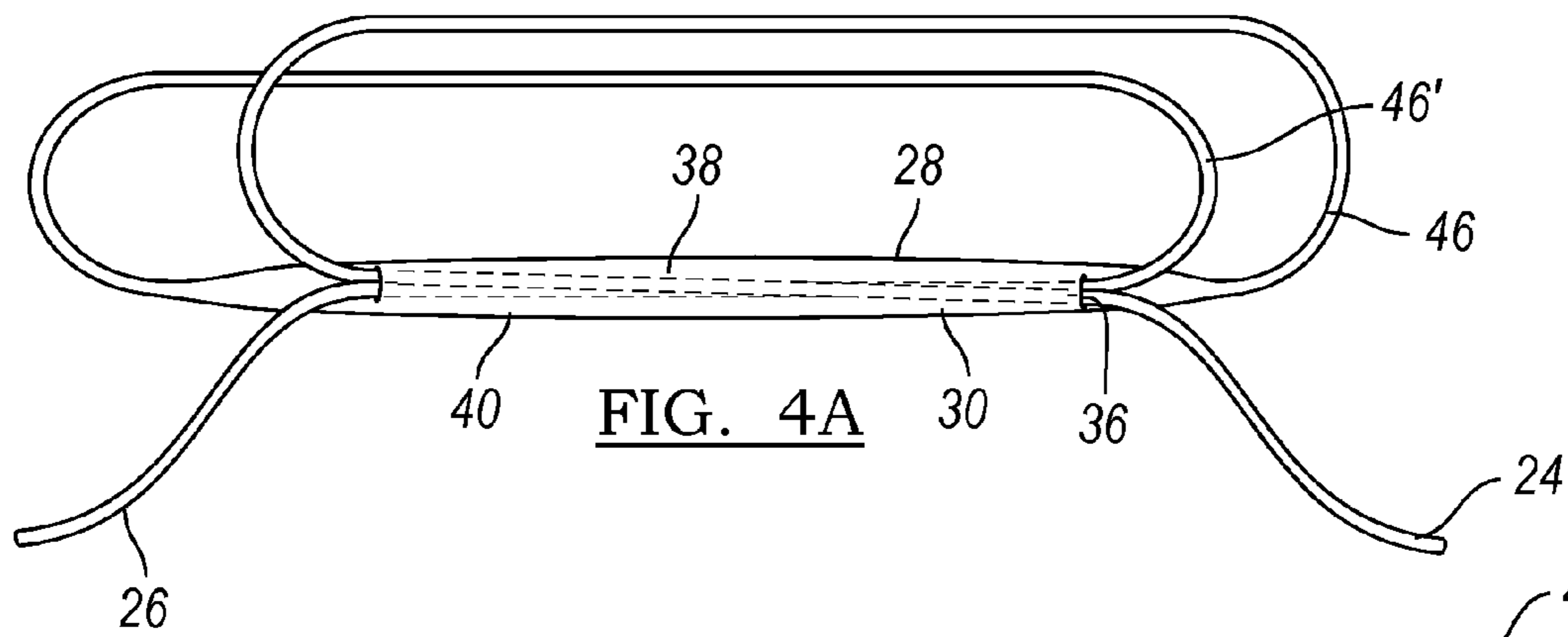


FIG. 4A

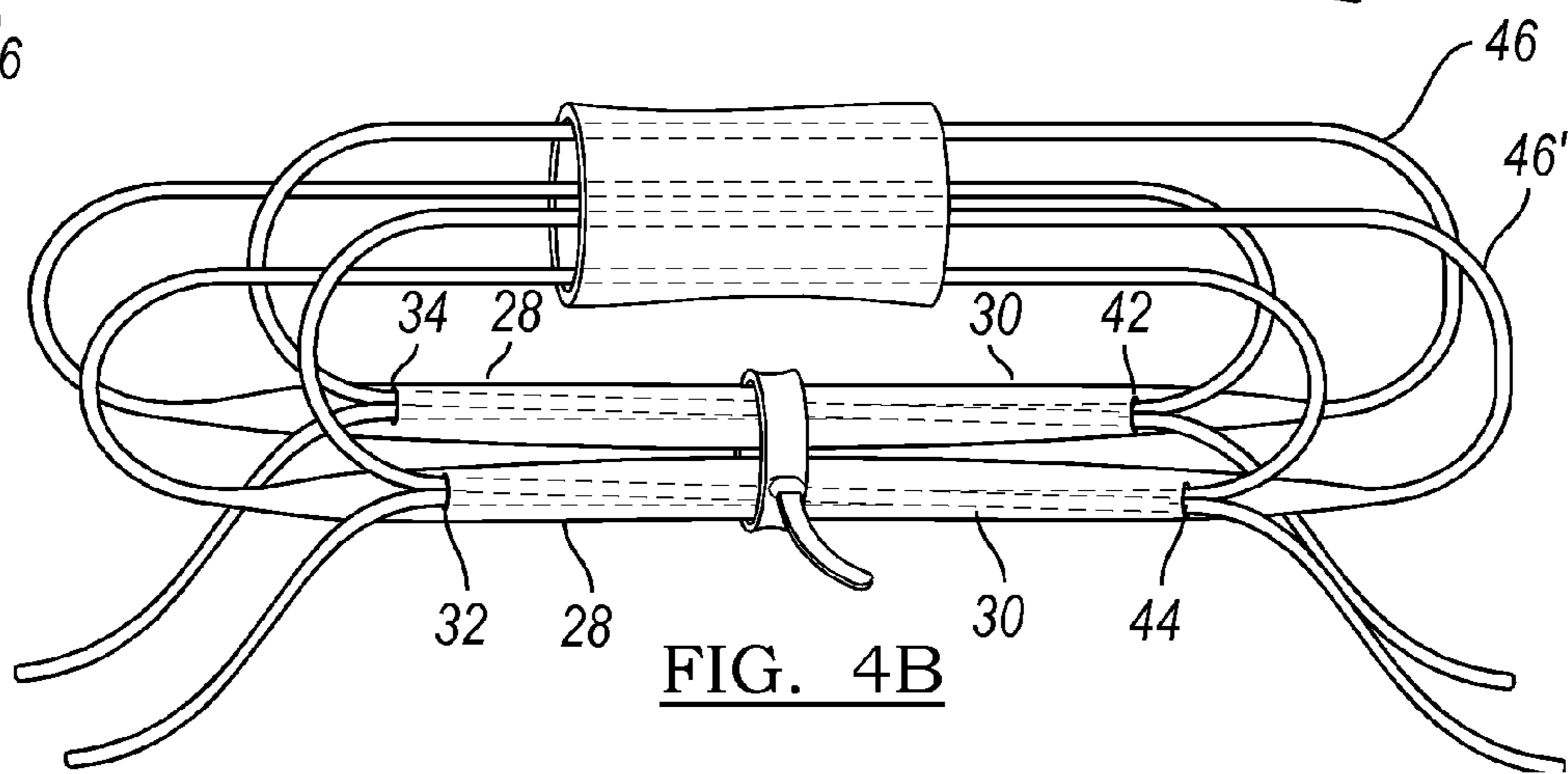


FIG. 4B

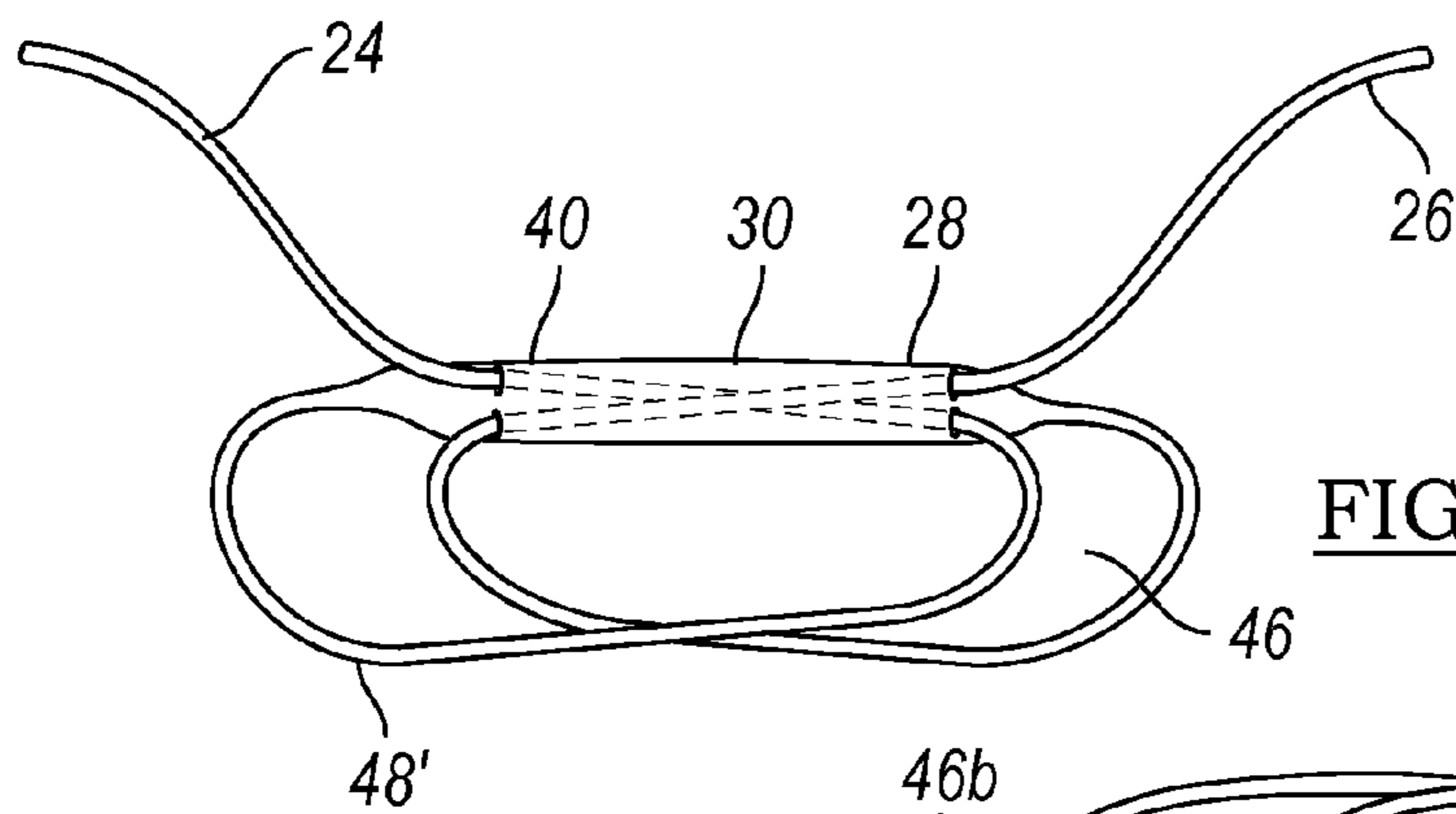
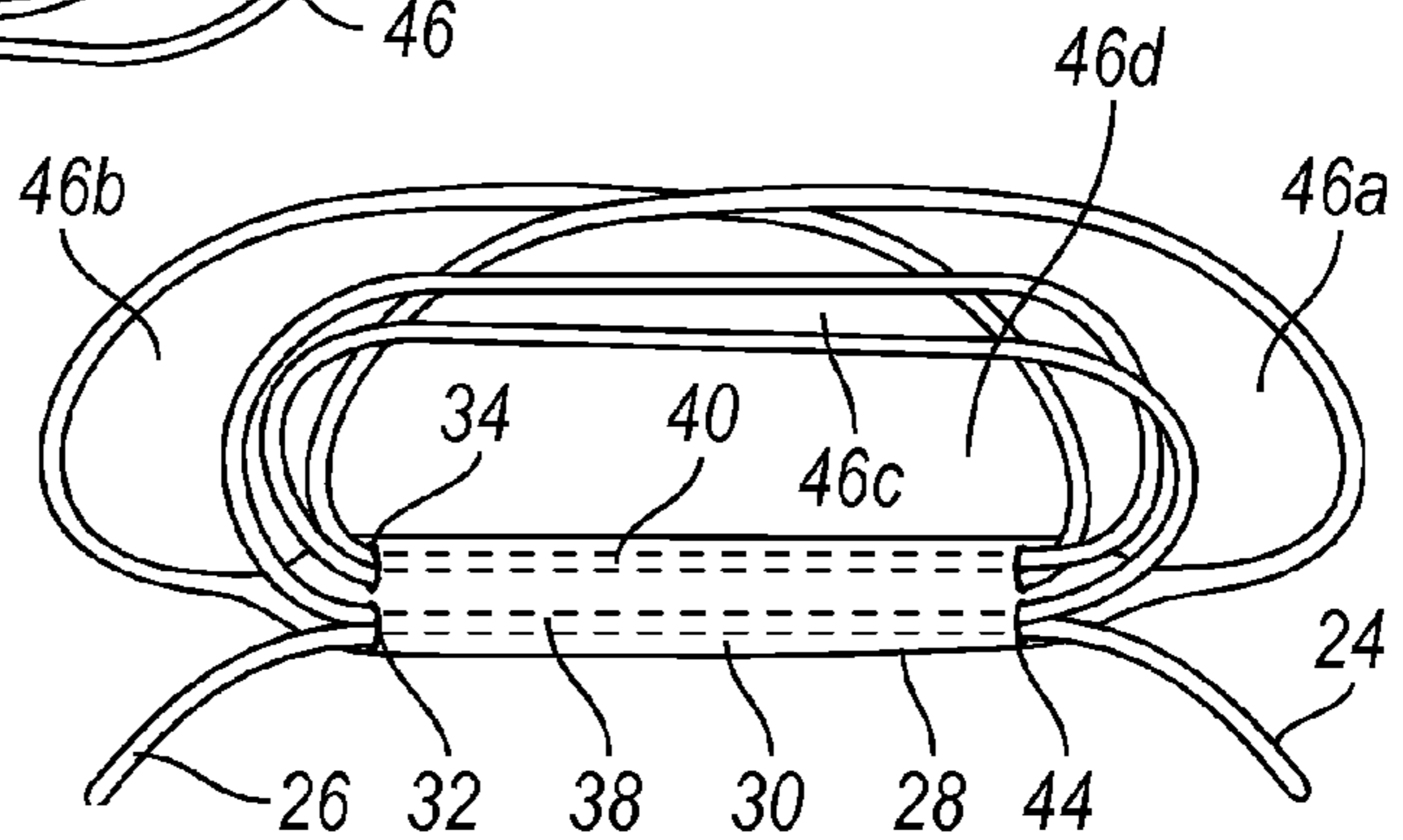


FIG. 5

FIG. 6



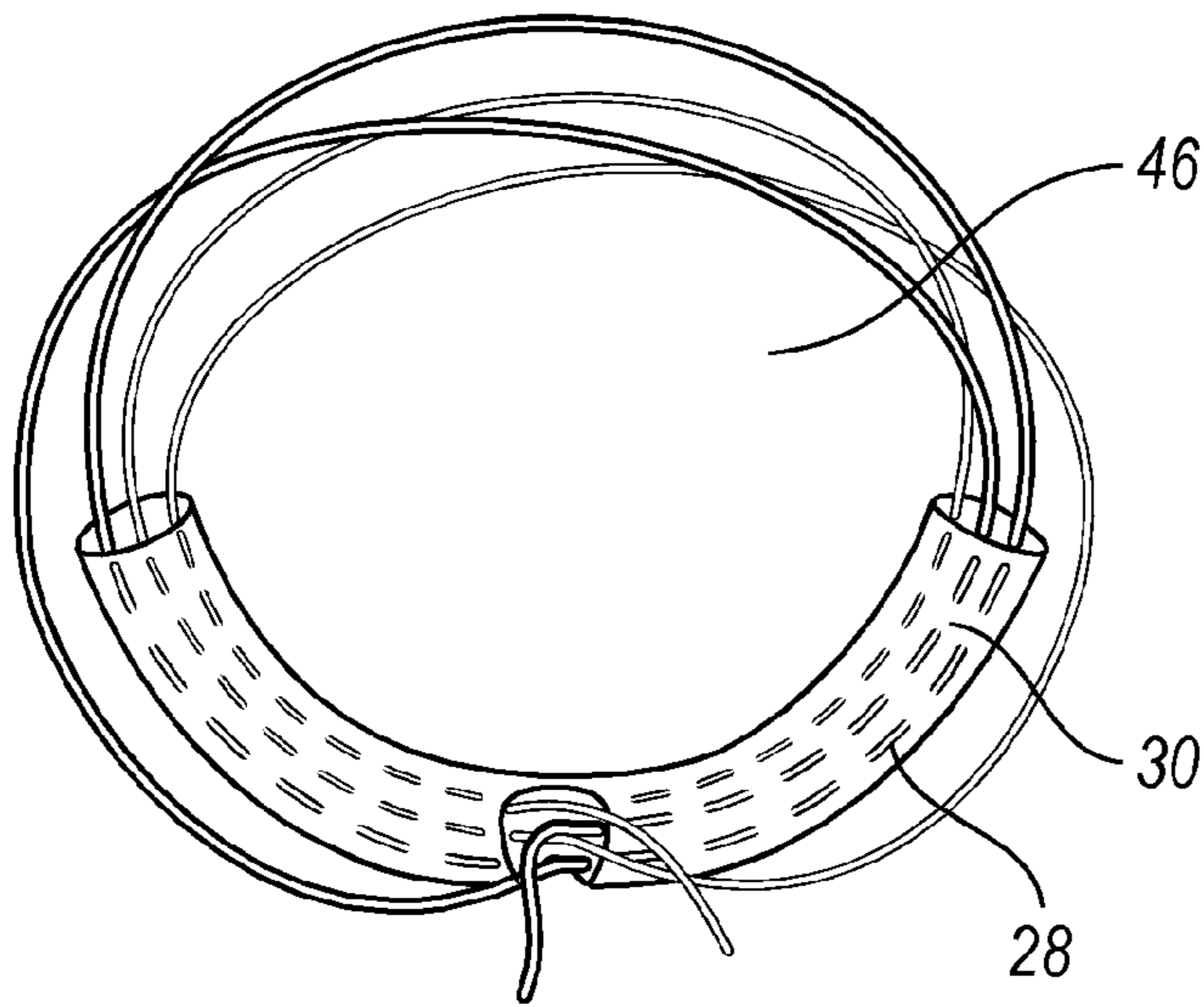


FIG. 7

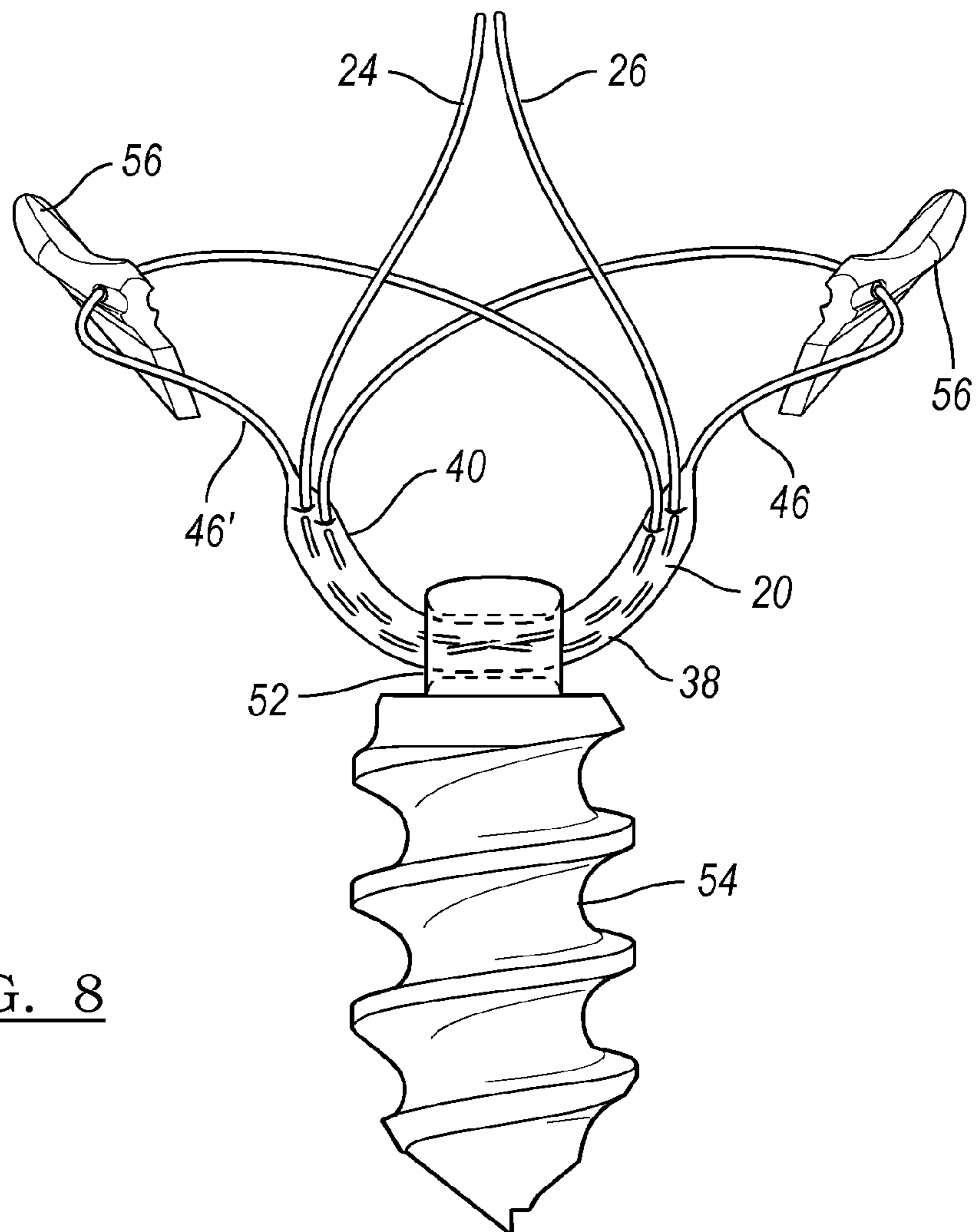
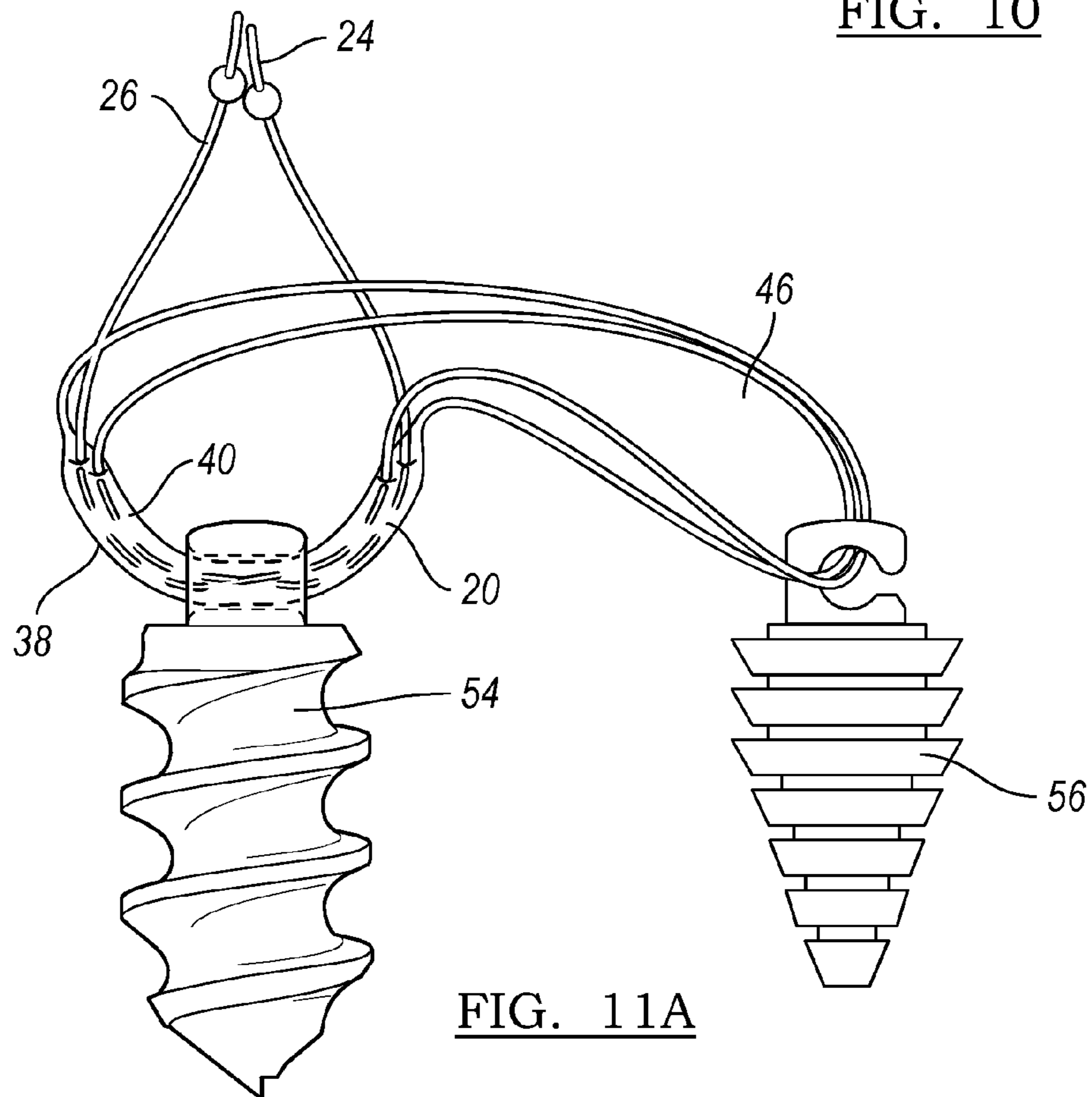
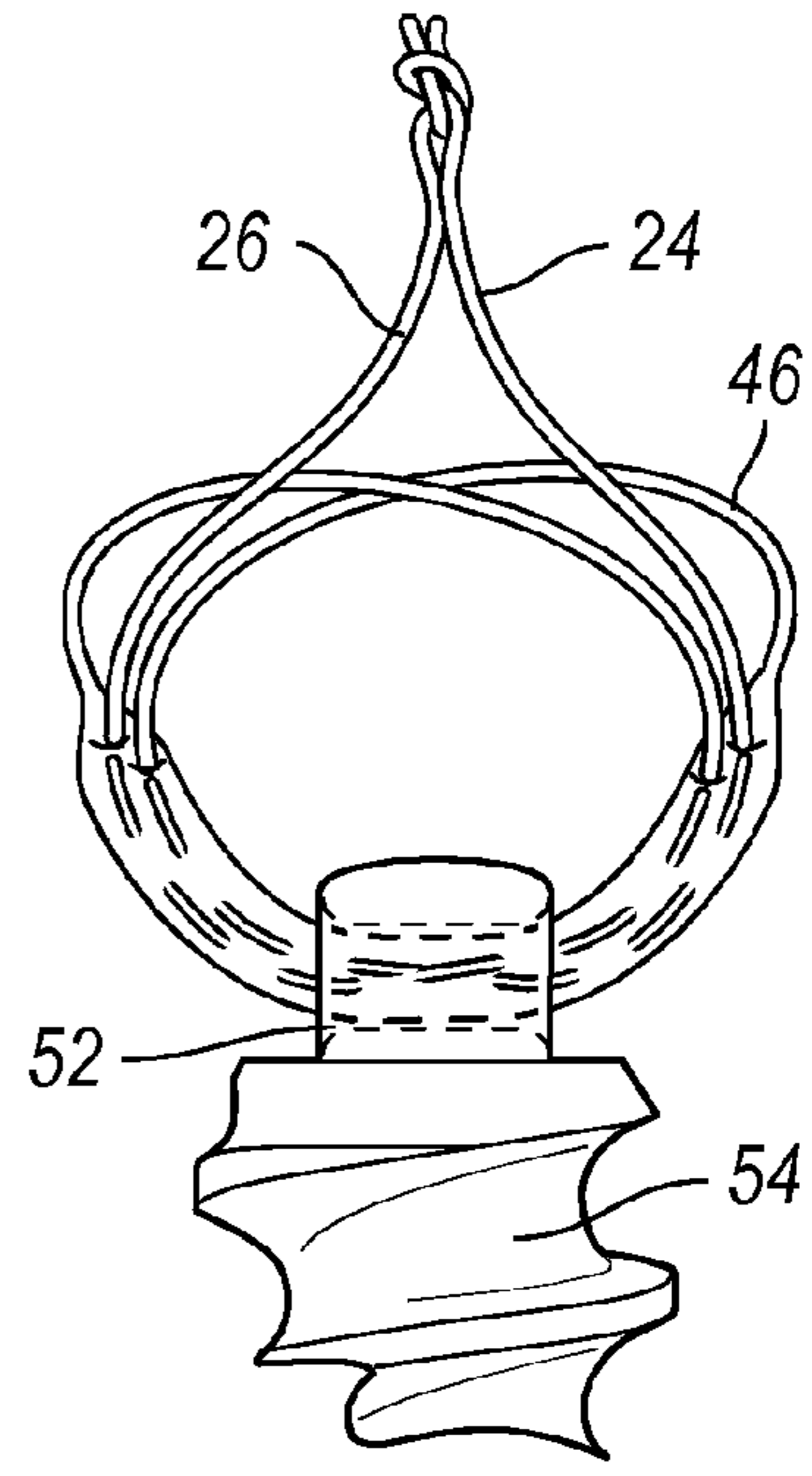
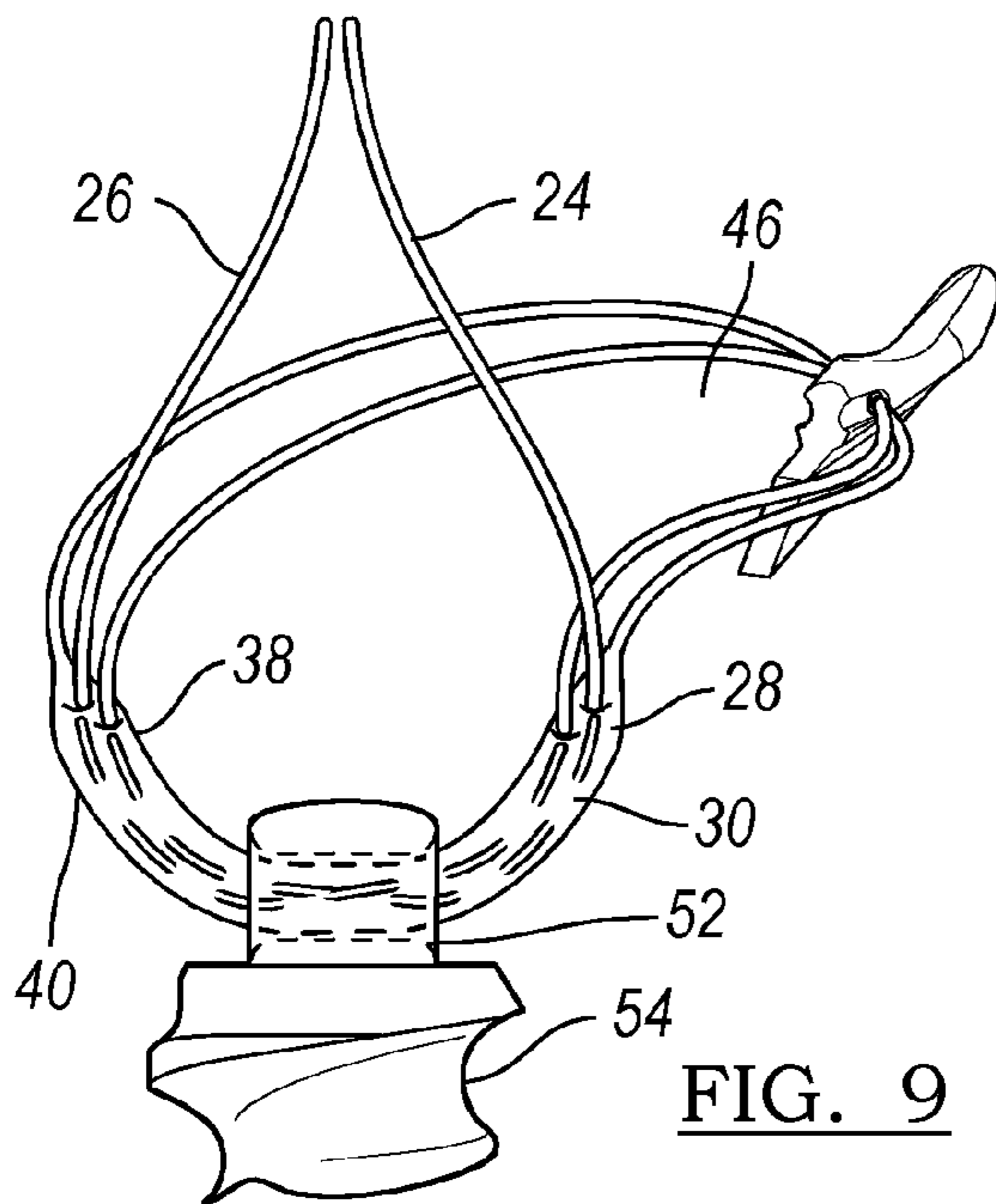


FIG. 8



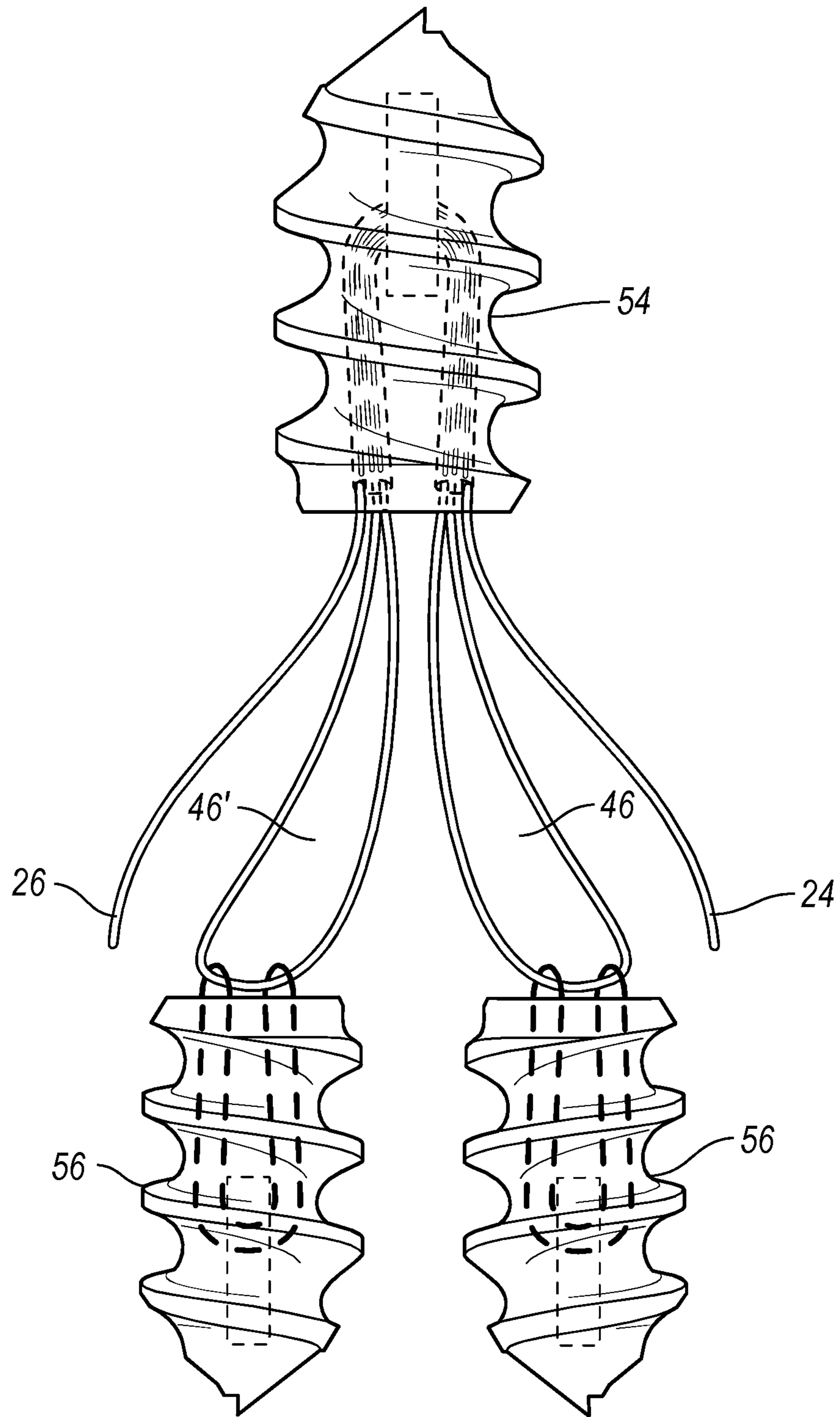


FIG. 11B

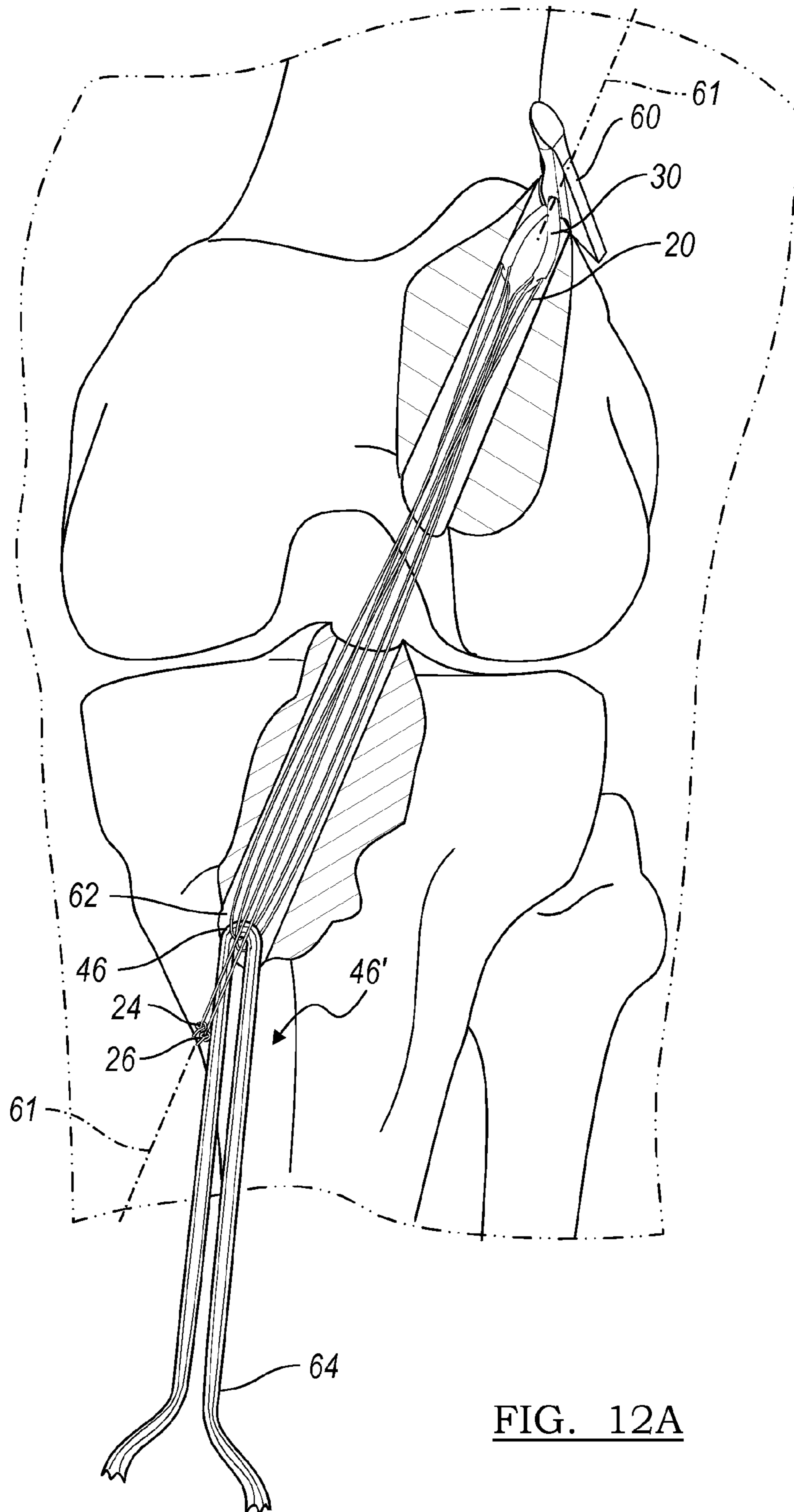


FIG. 12A

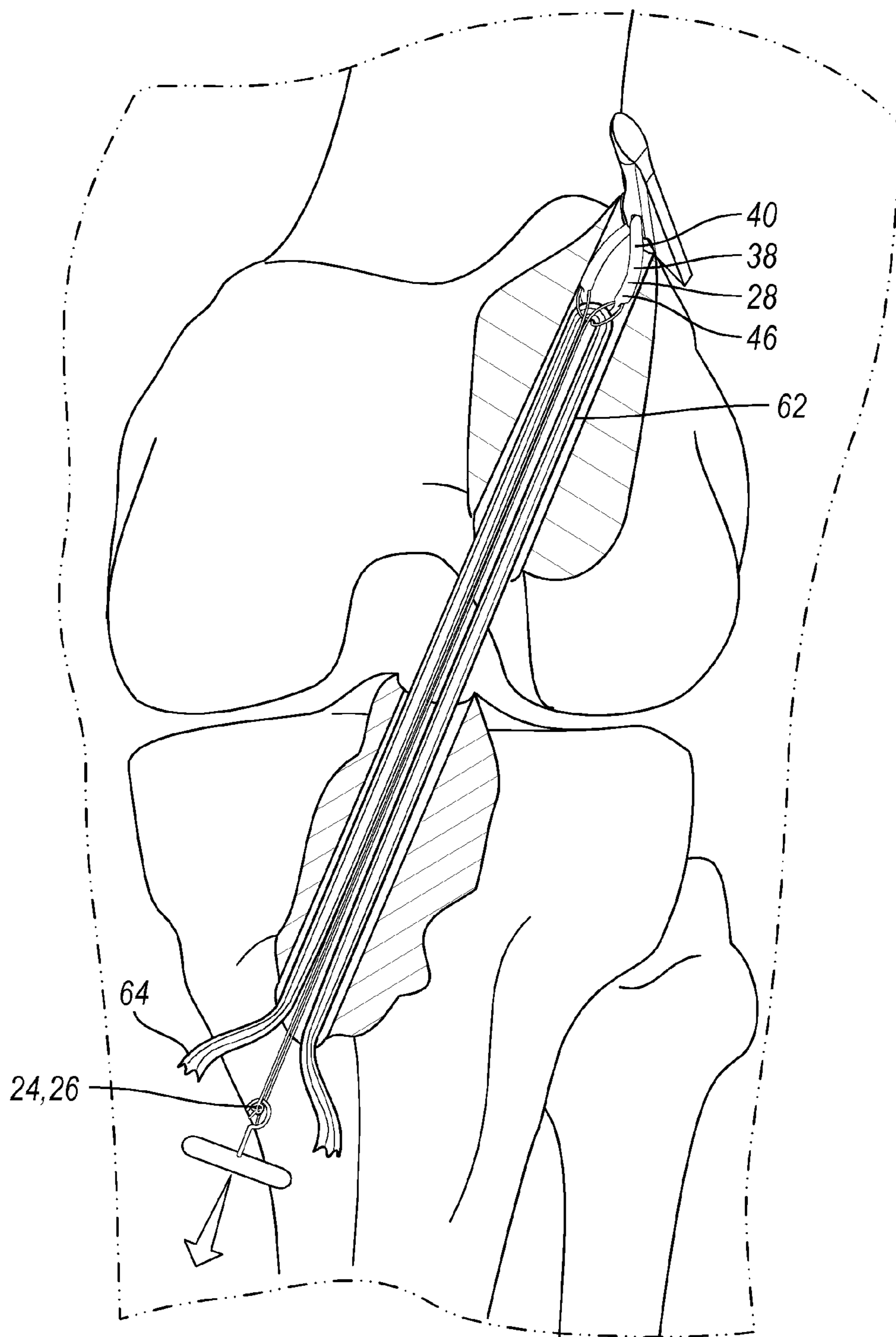


FIG. 12B

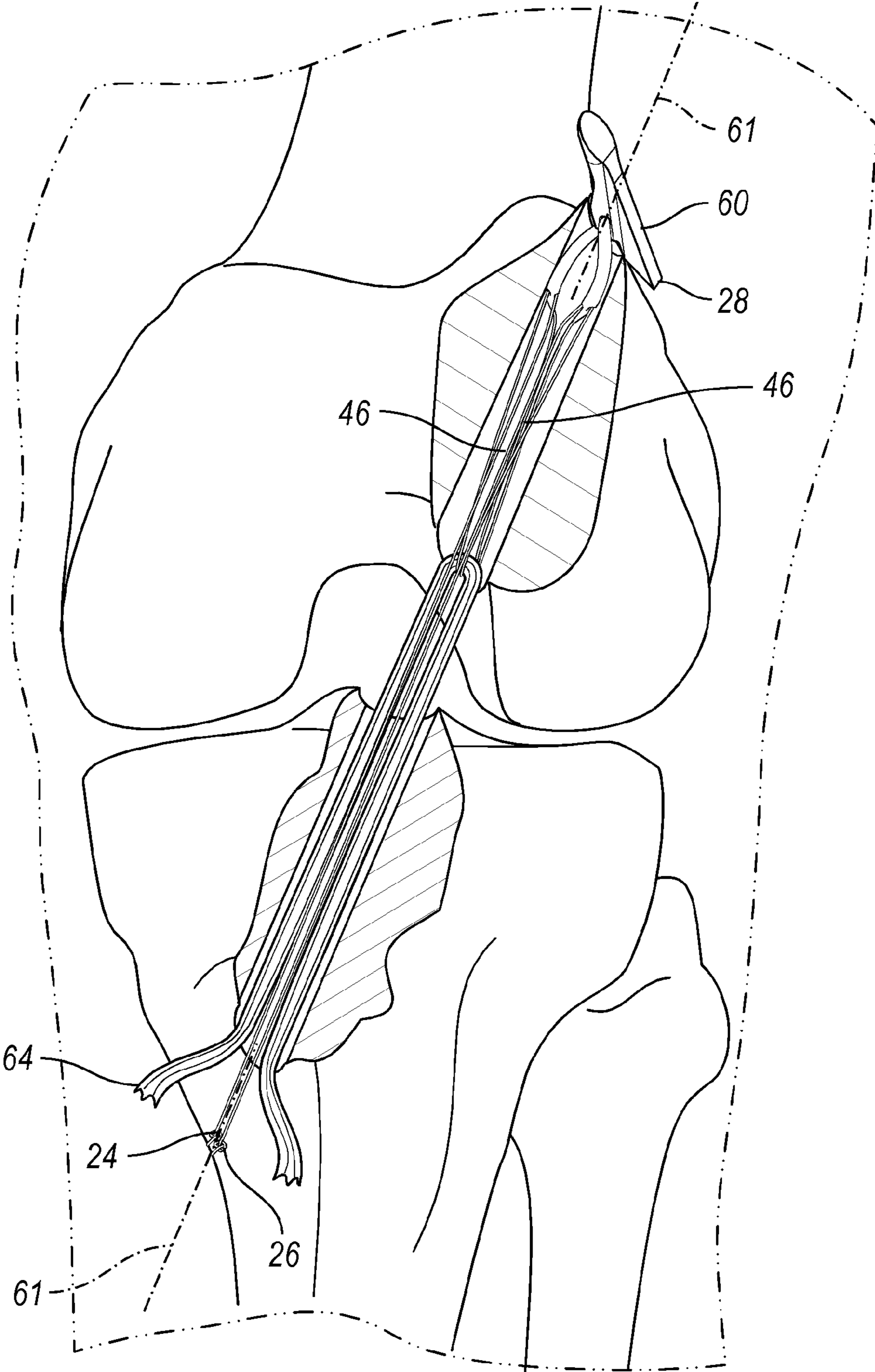


FIG. 12C

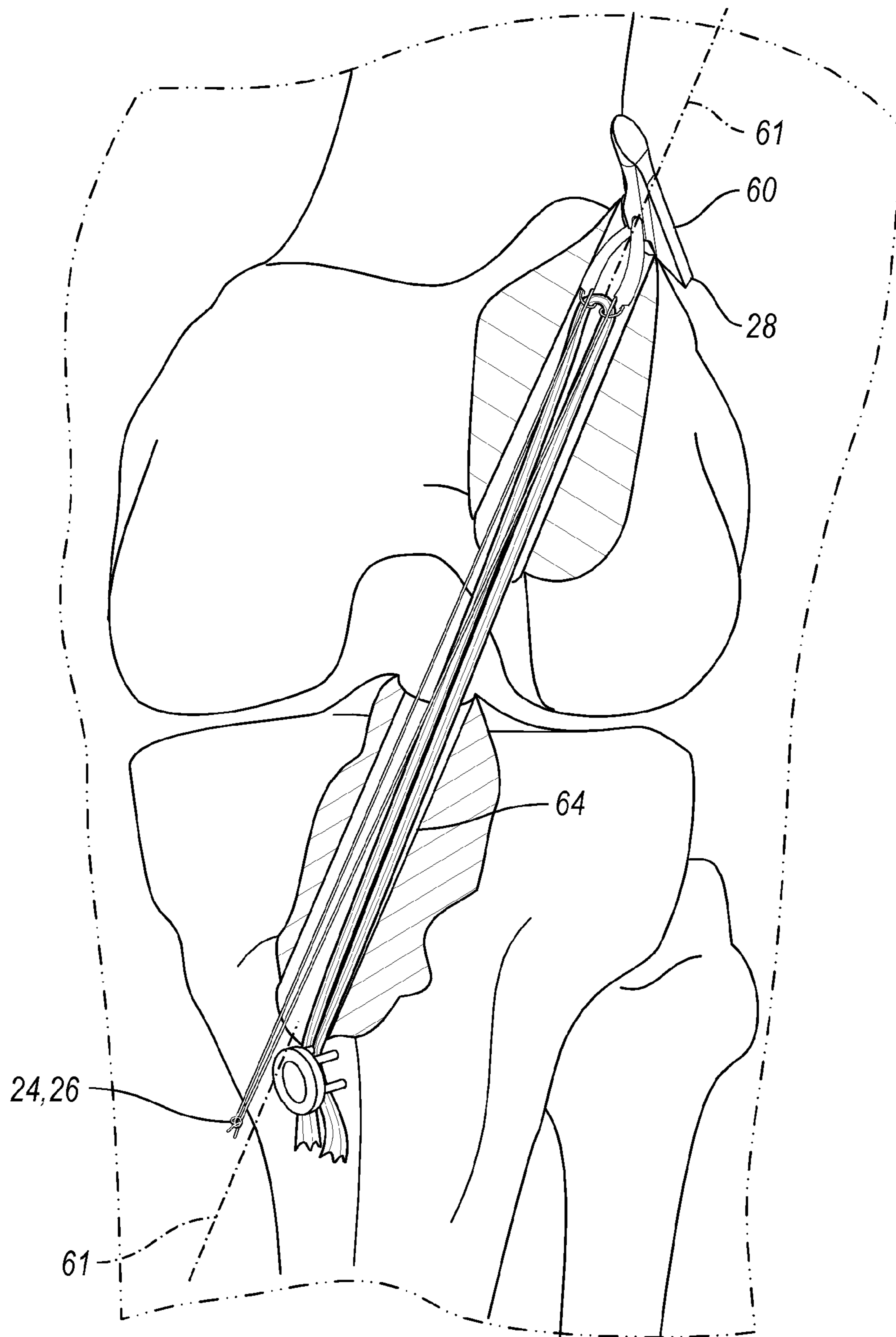


FIG. 12D

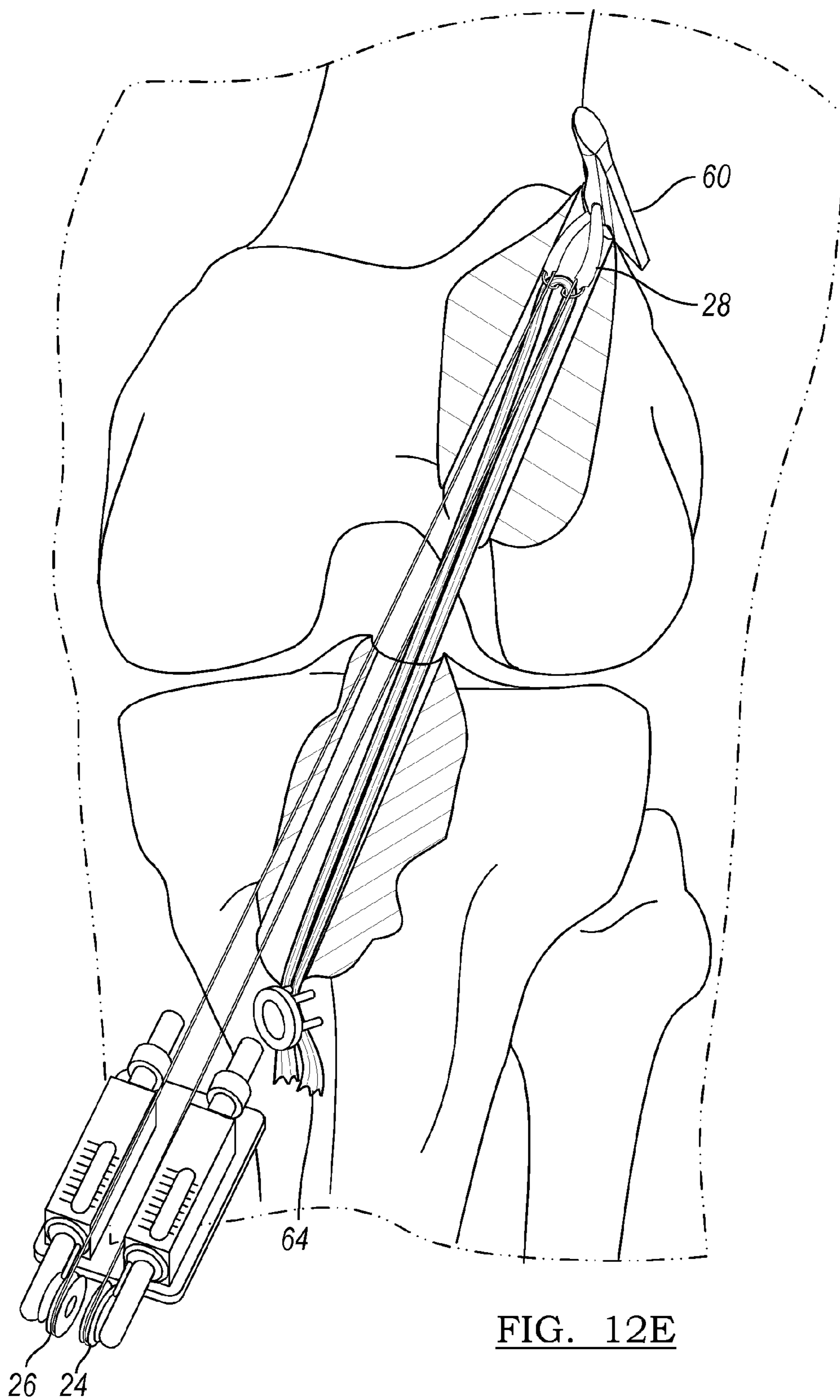
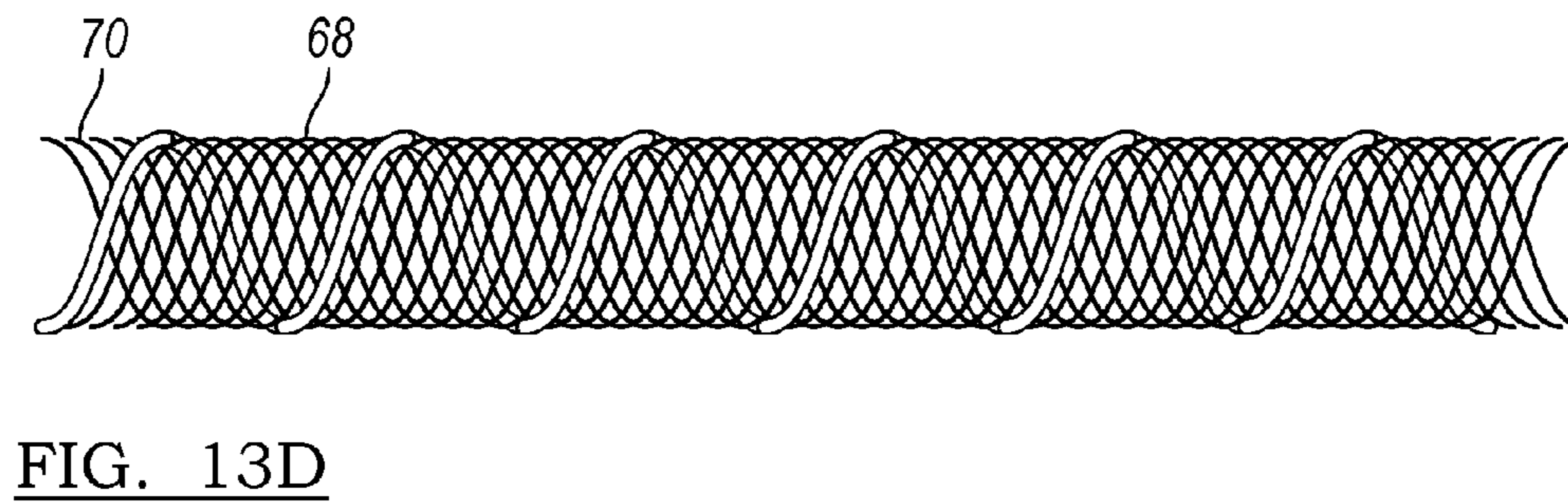
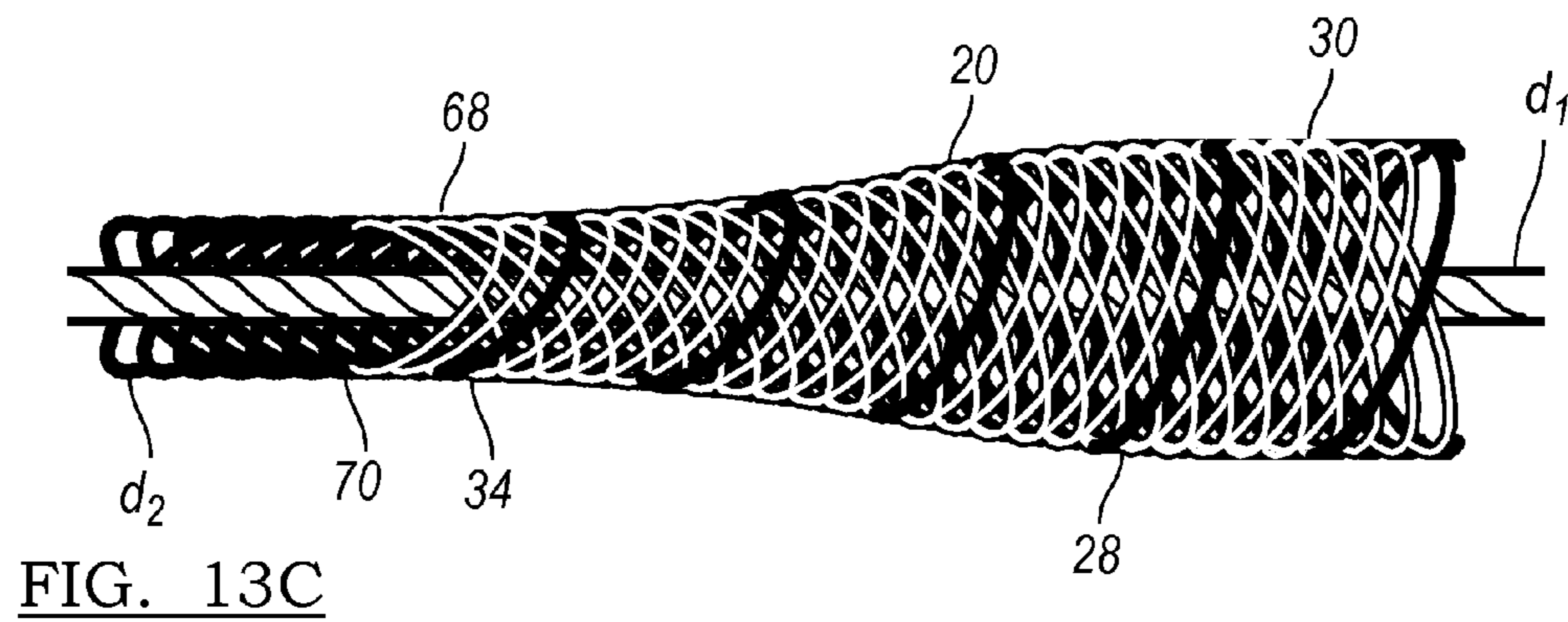
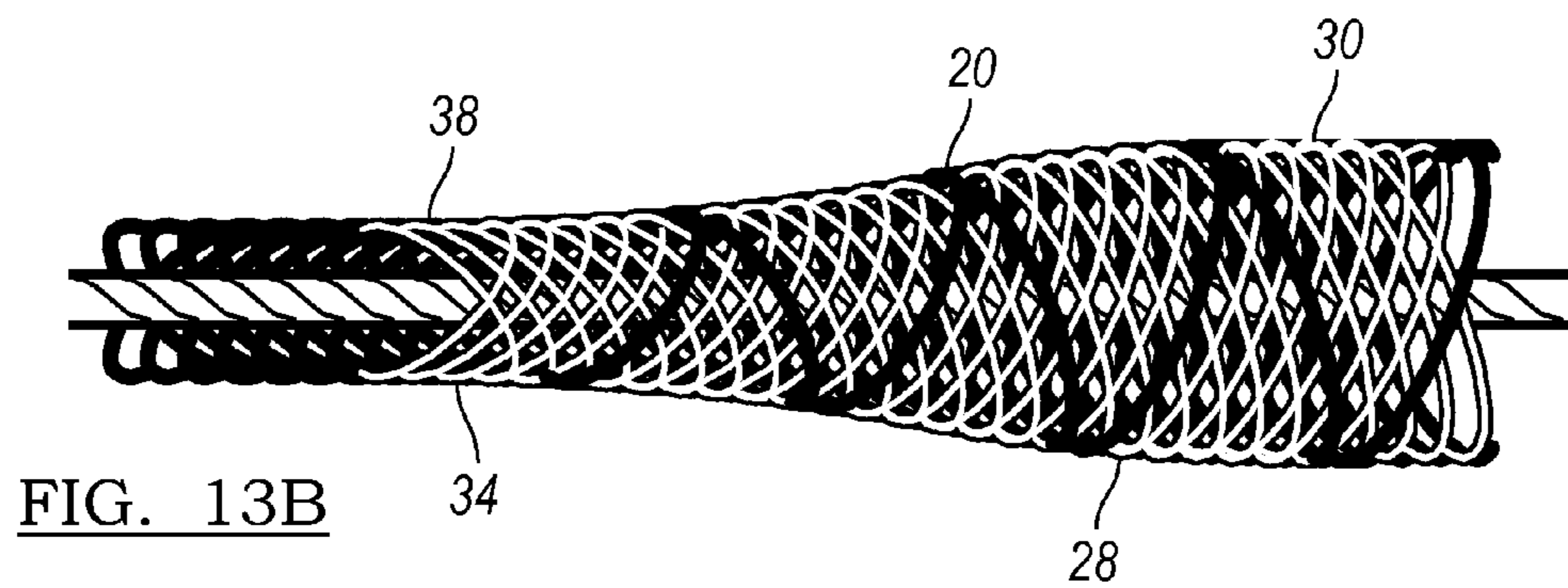
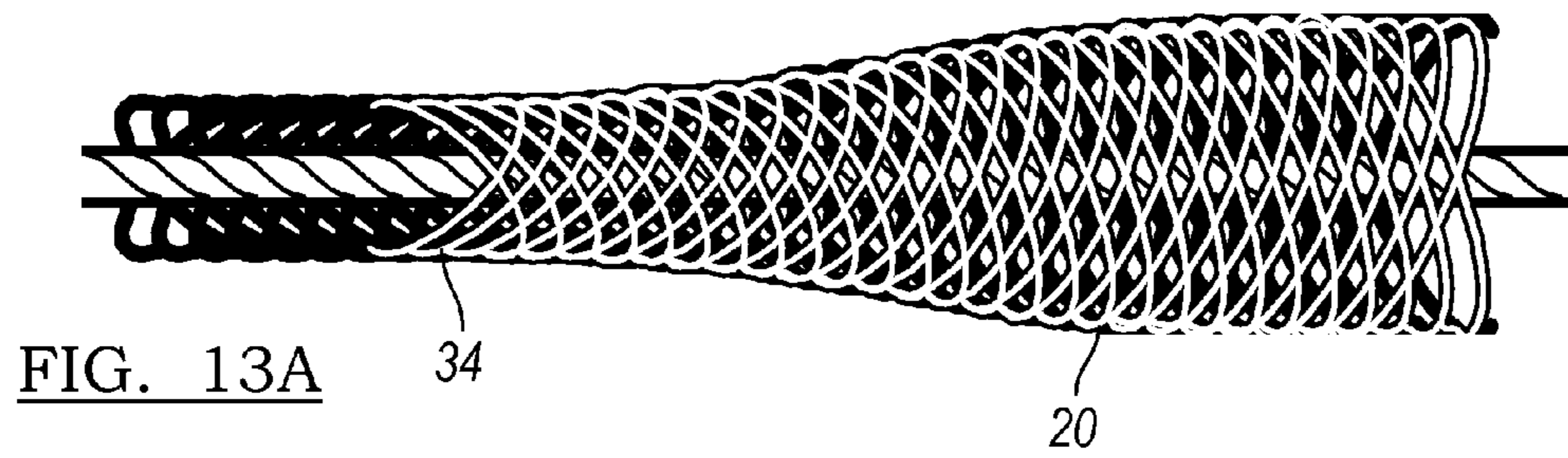


FIG. 12E



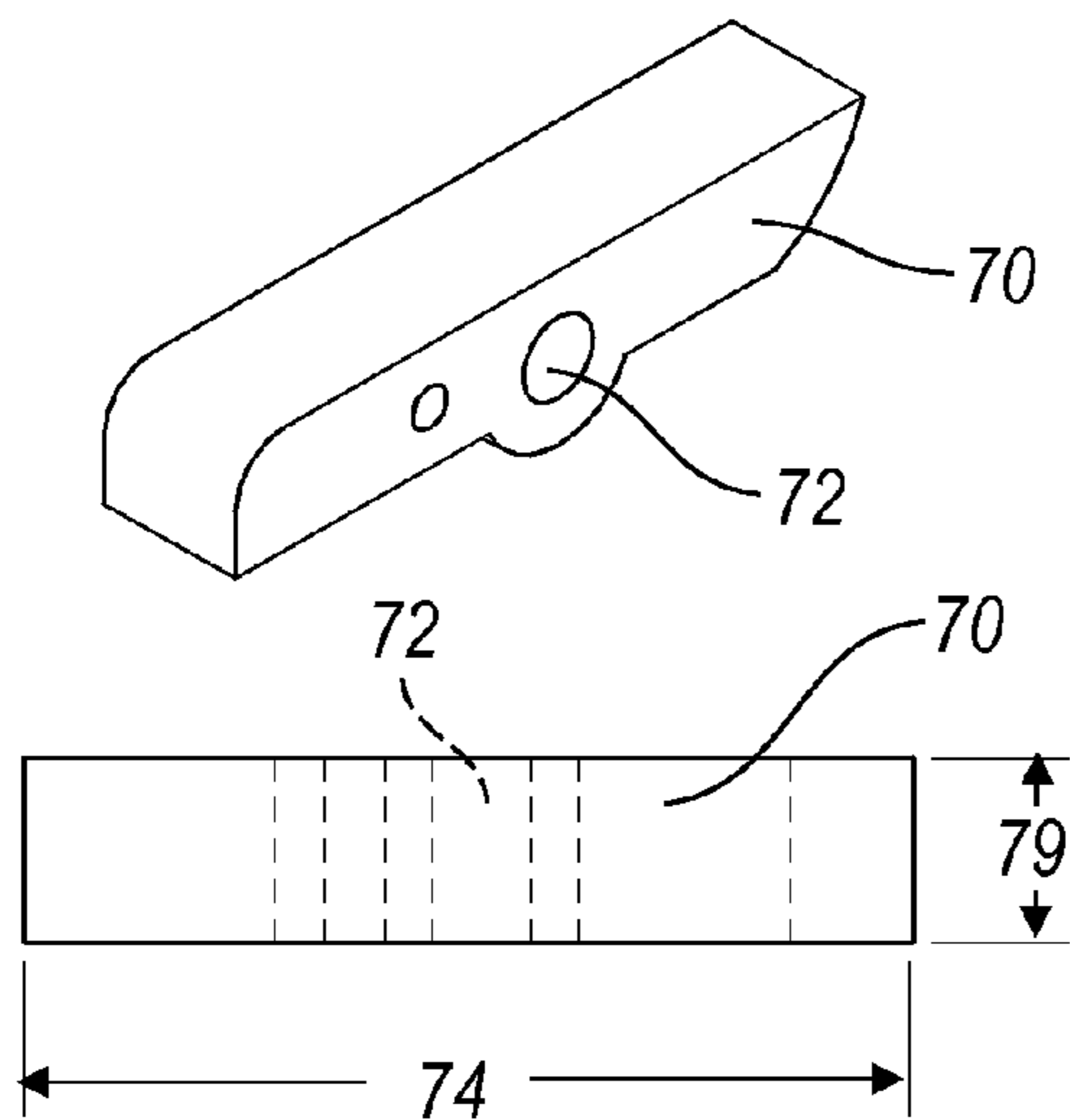


FIG. 14

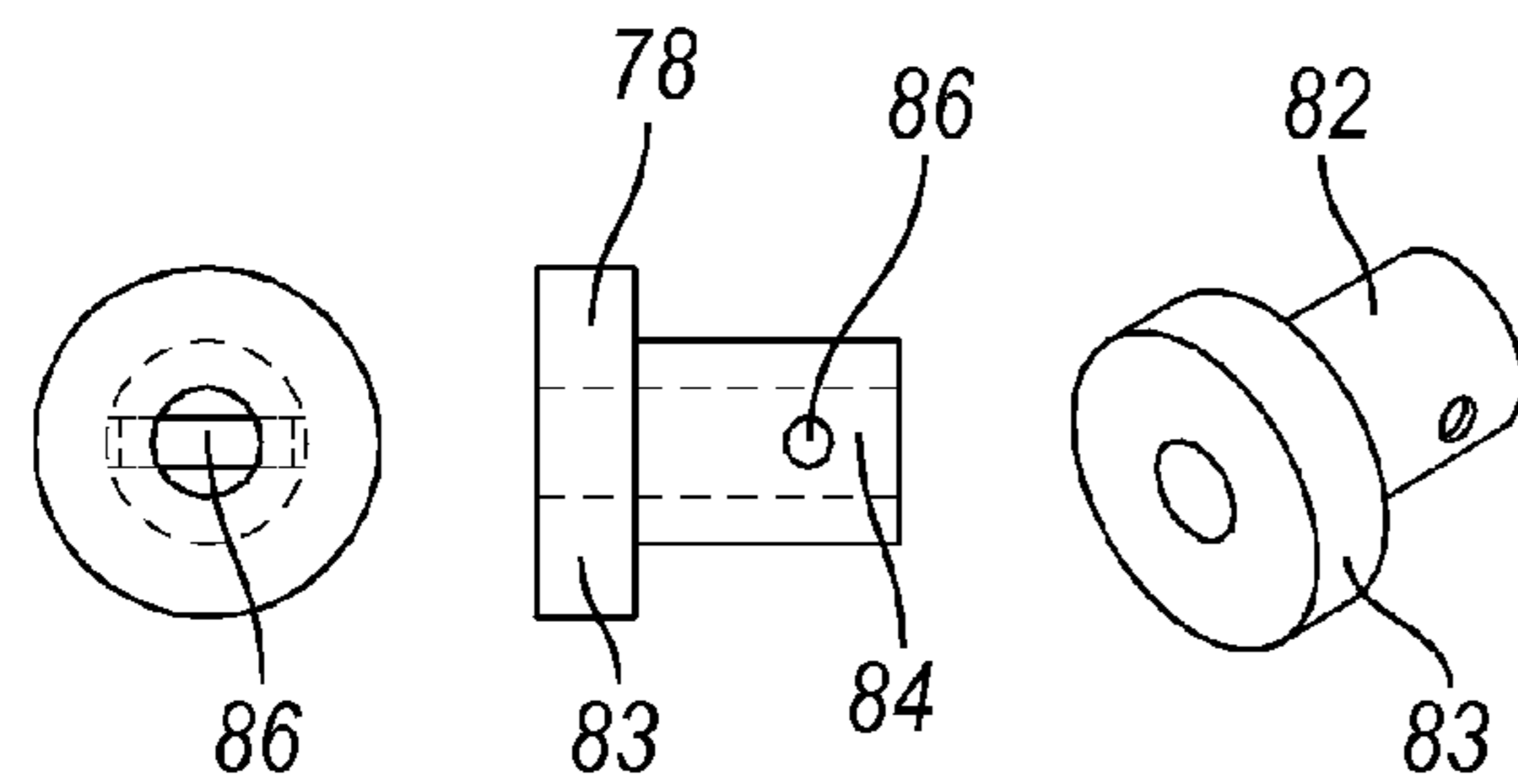
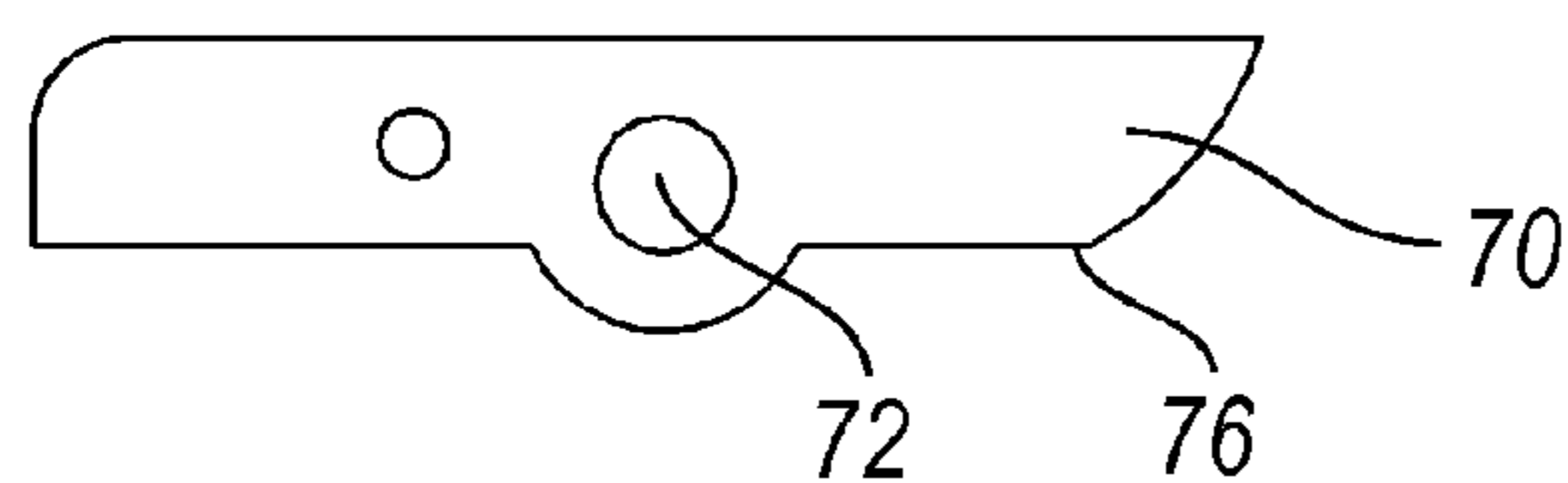


FIG. 15

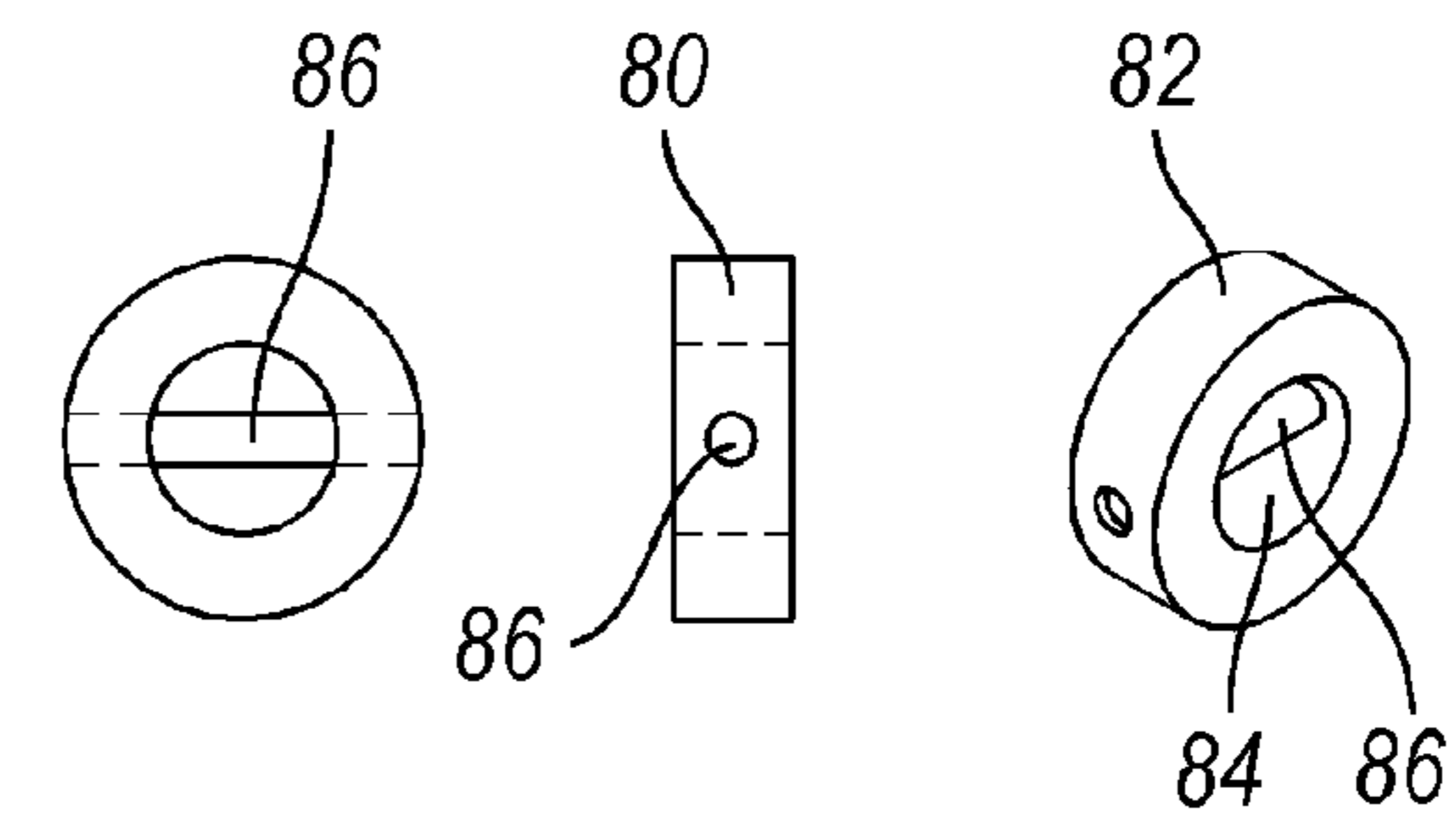


FIG. 16

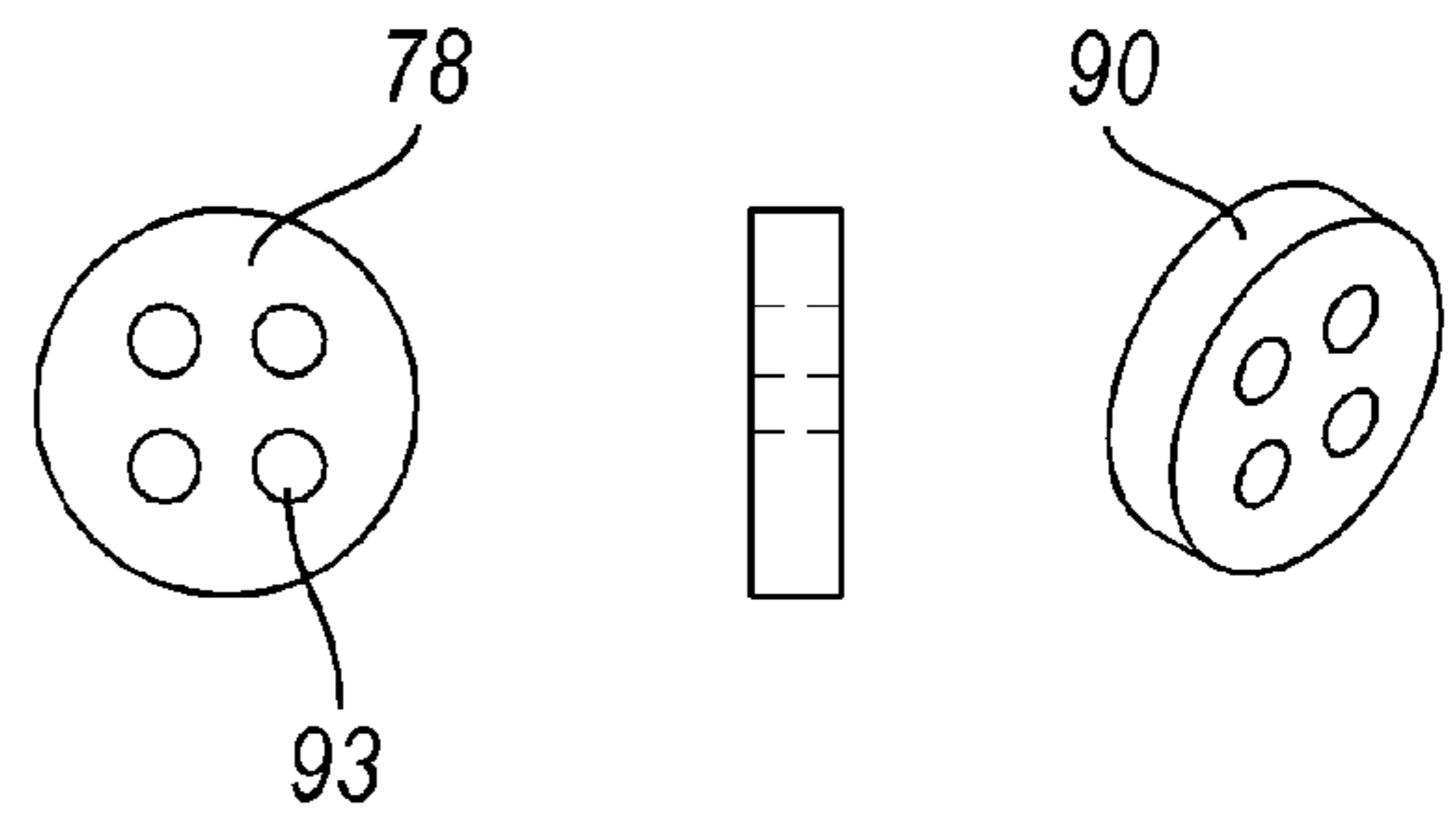


FIG. 17

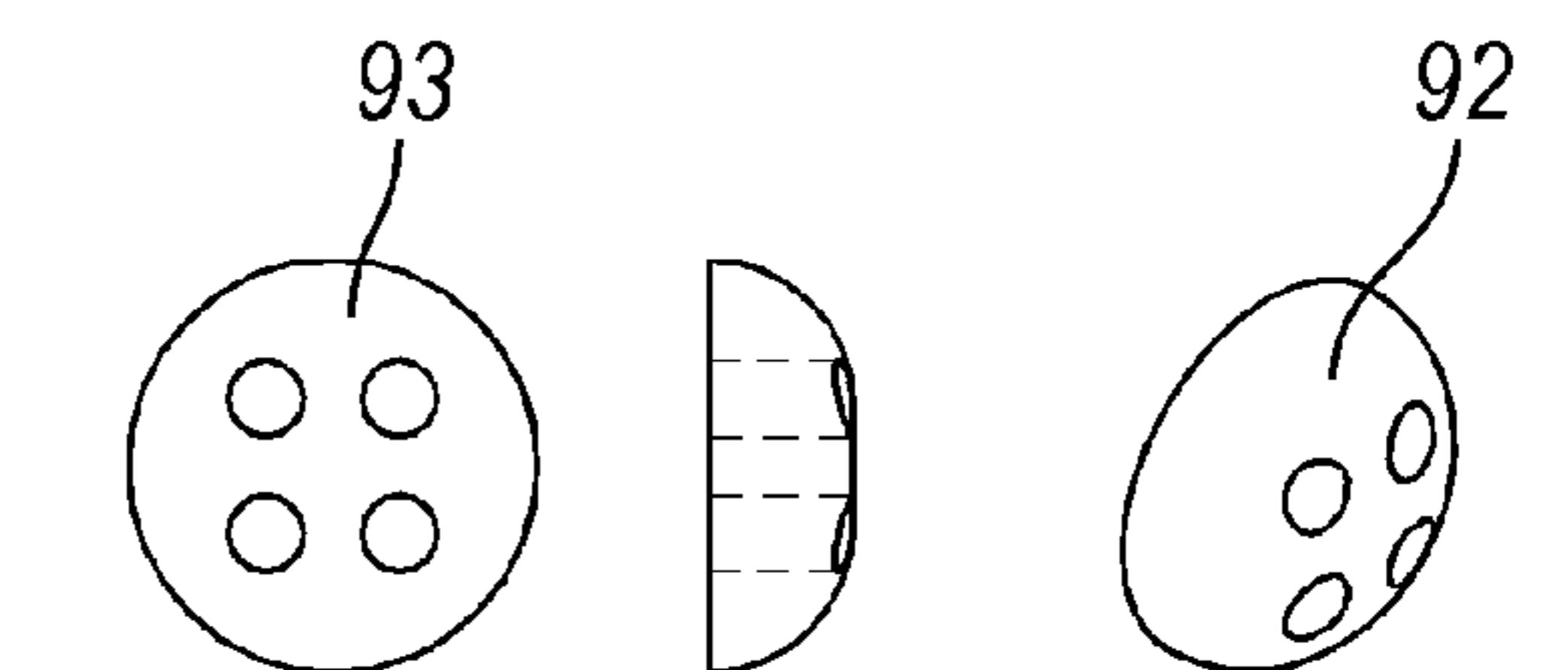


FIG. 18

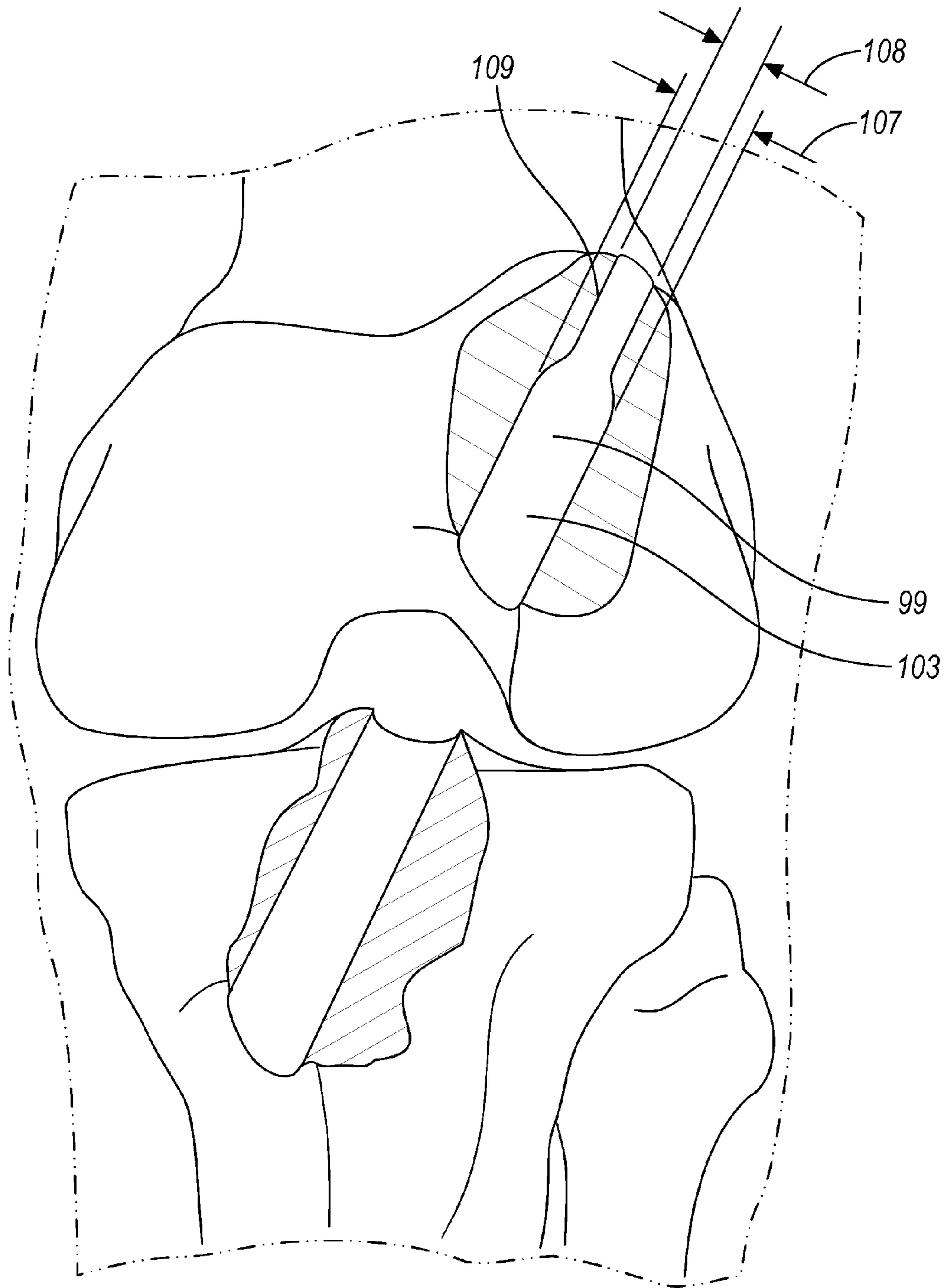


FIG. 19

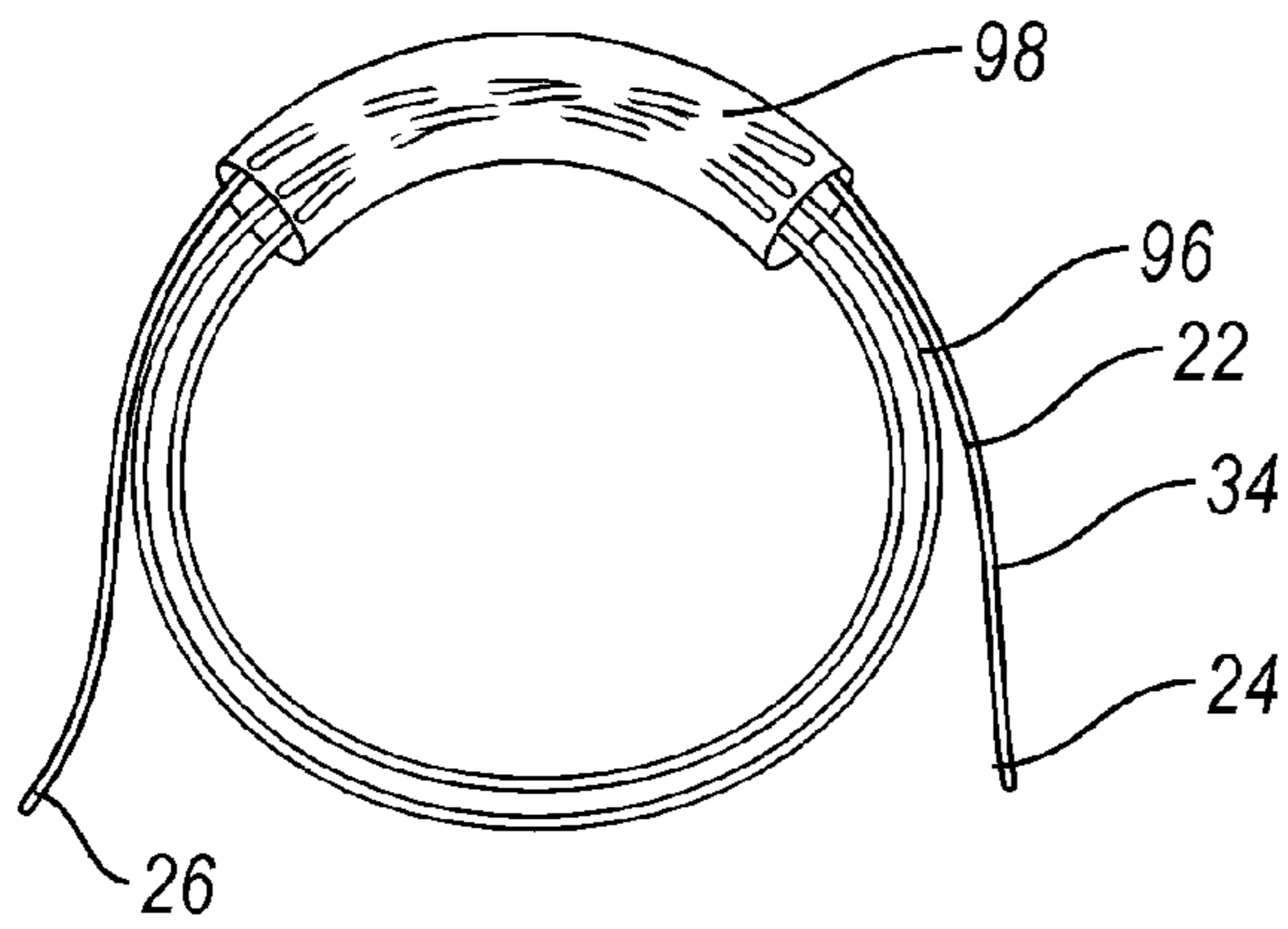


FIG. 20

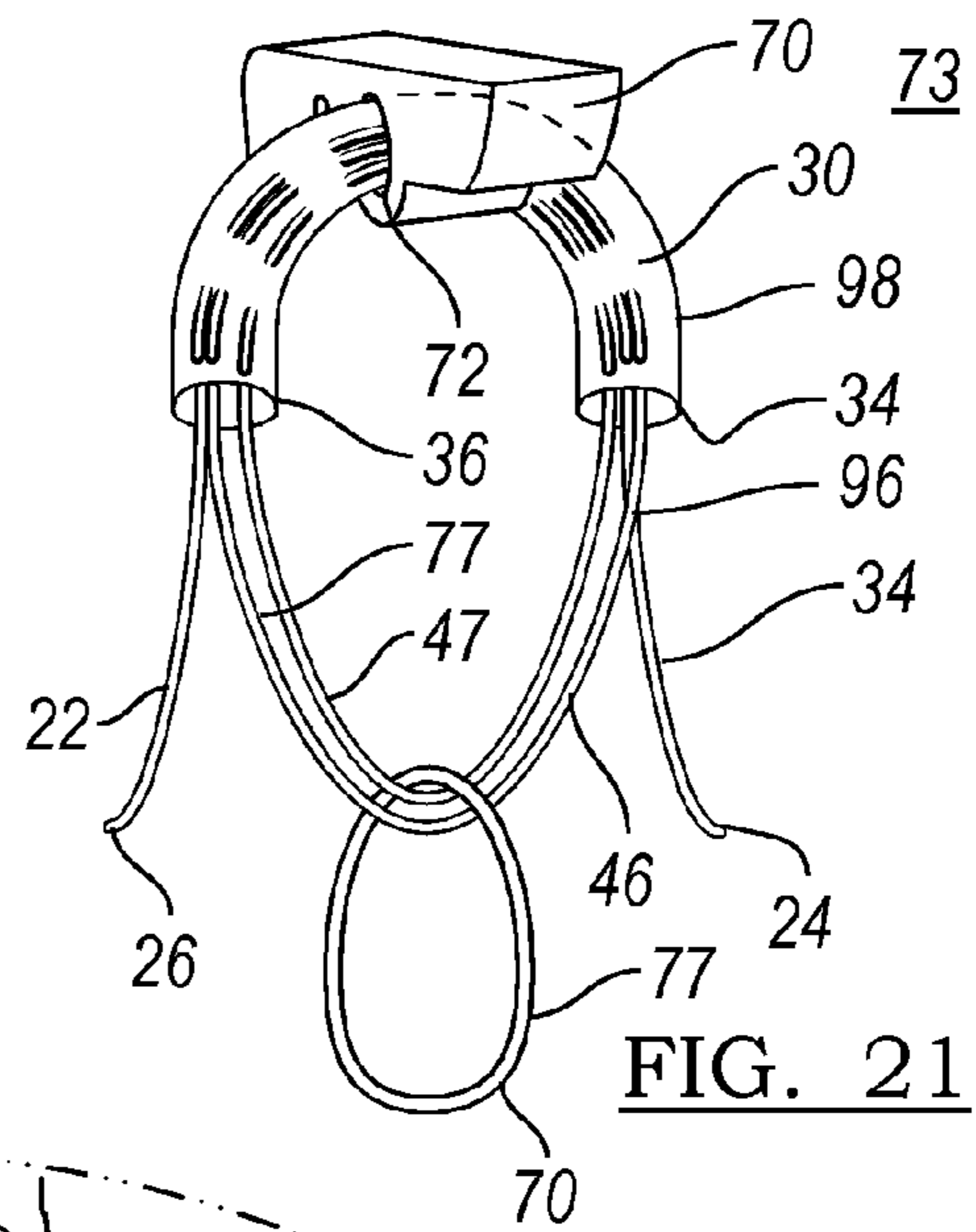


FIG. 21

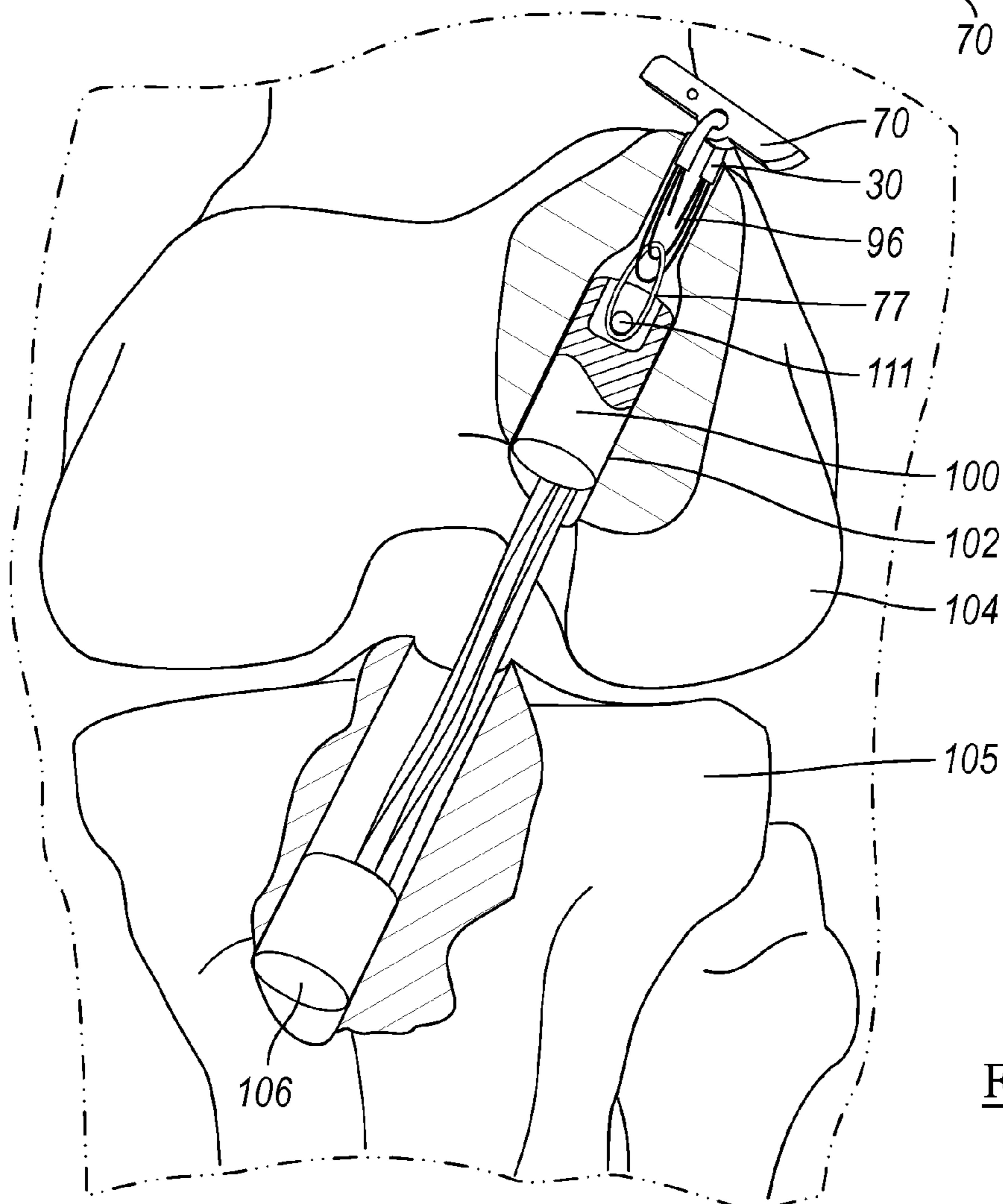


FIG. 22A

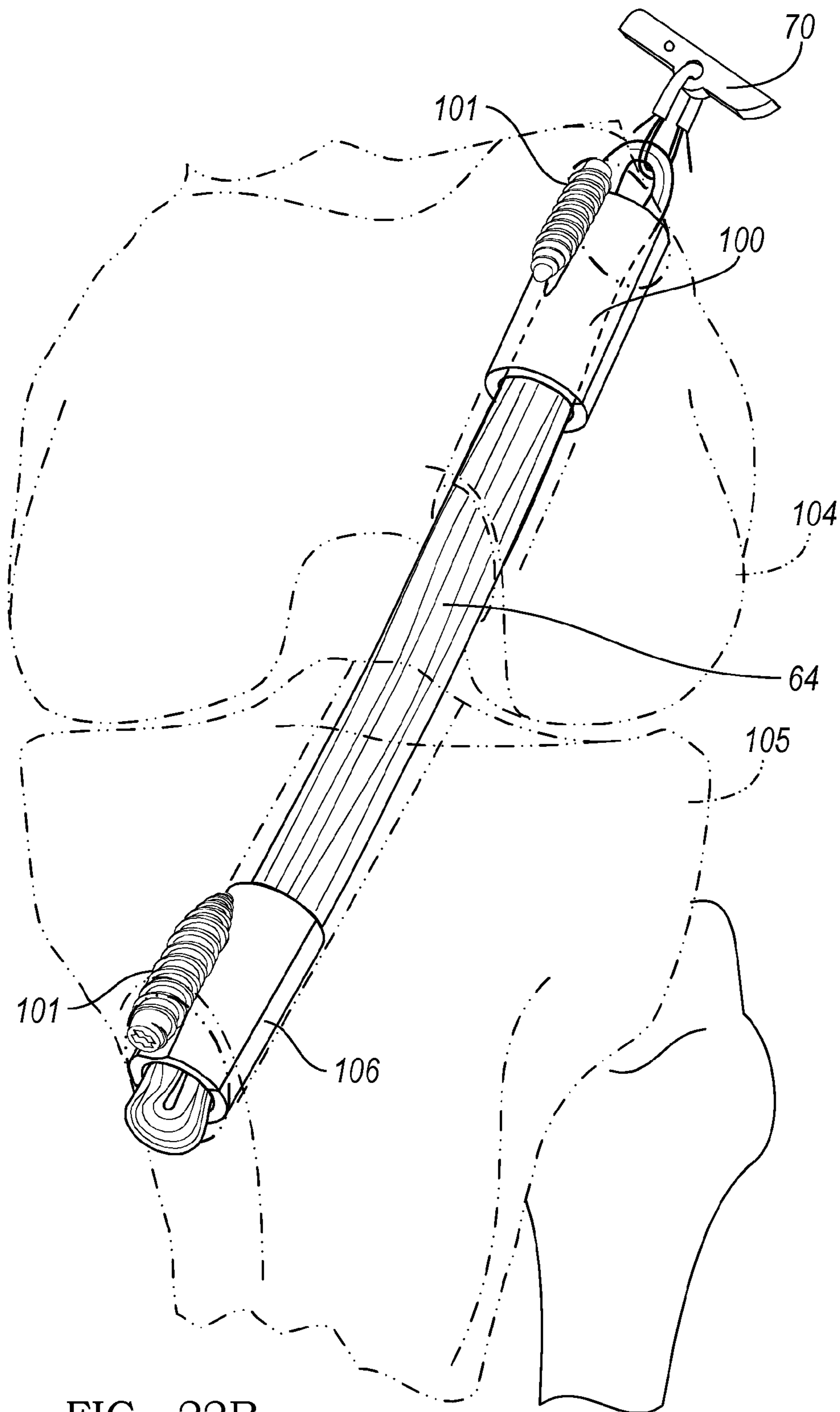


FIG. 22B

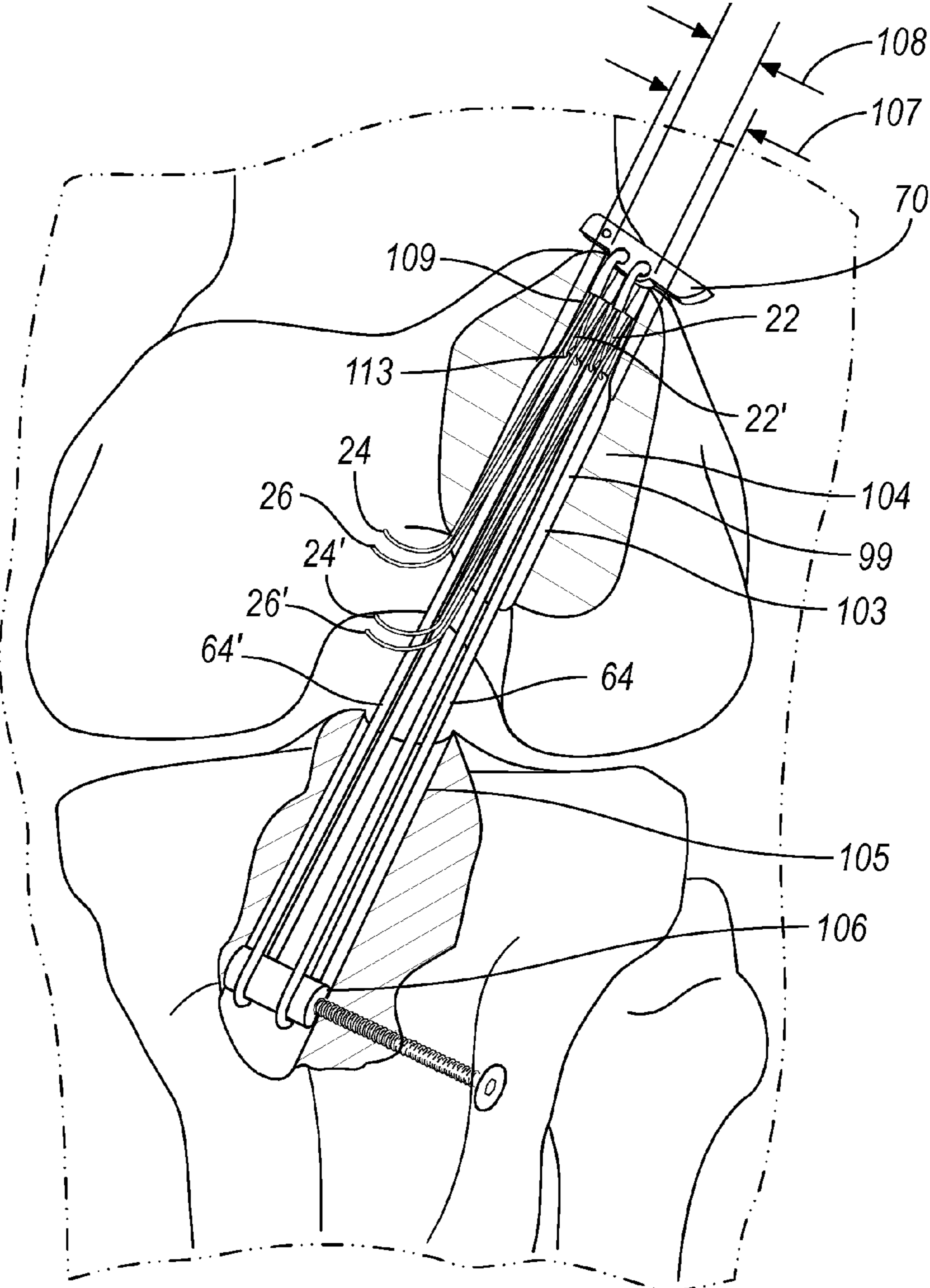


FIG. 22C

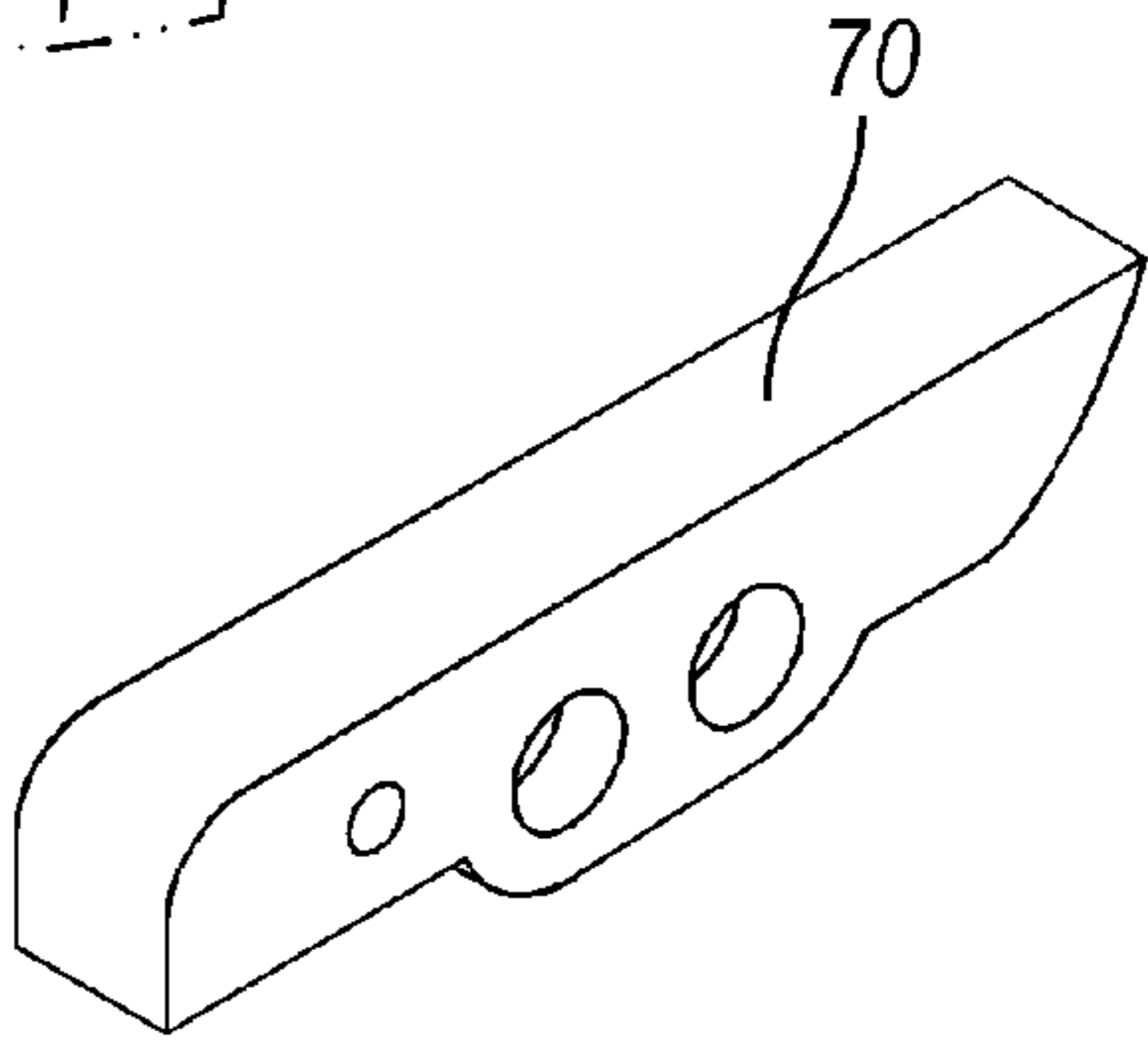


FIG. 22D

FIG. 23

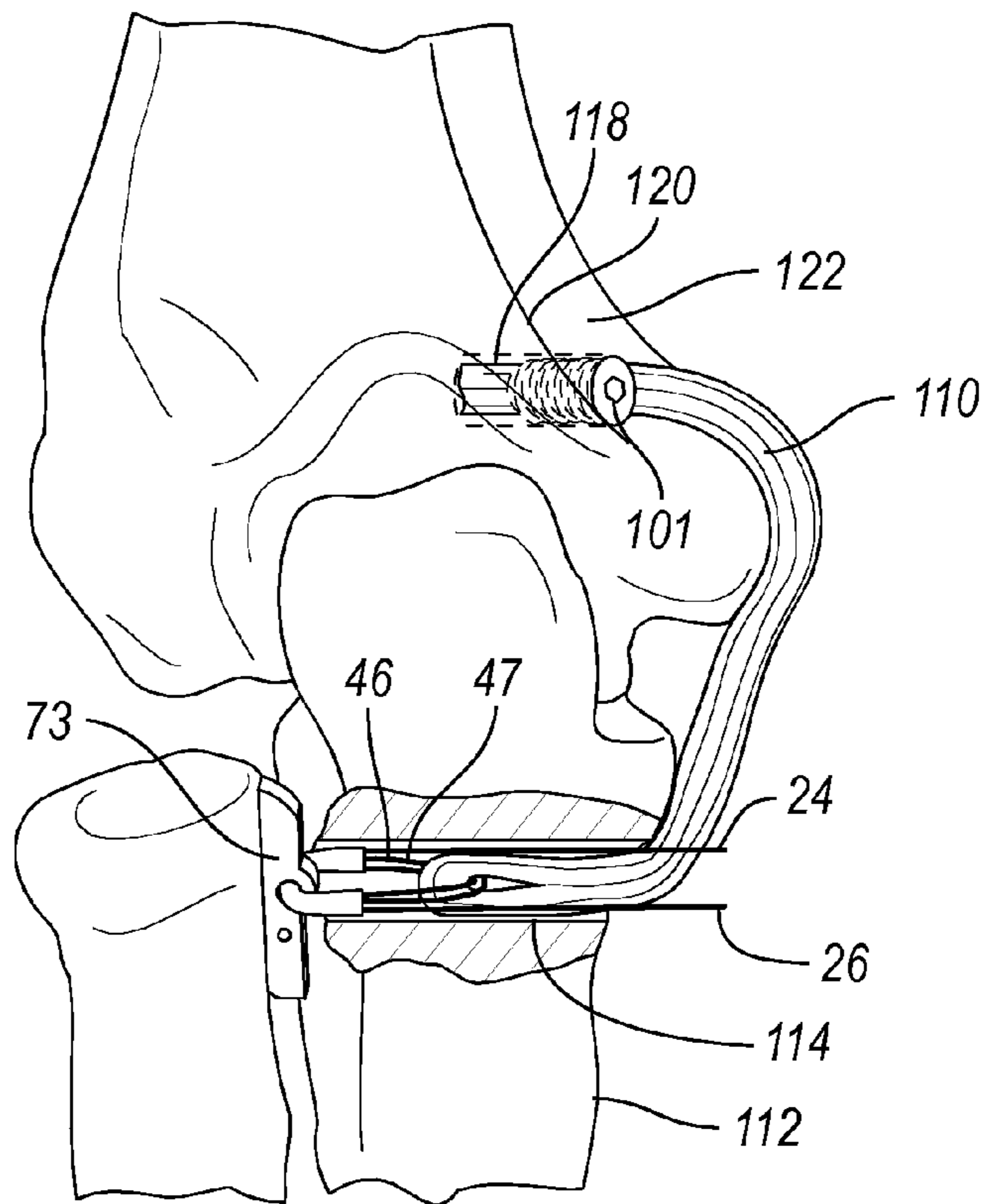
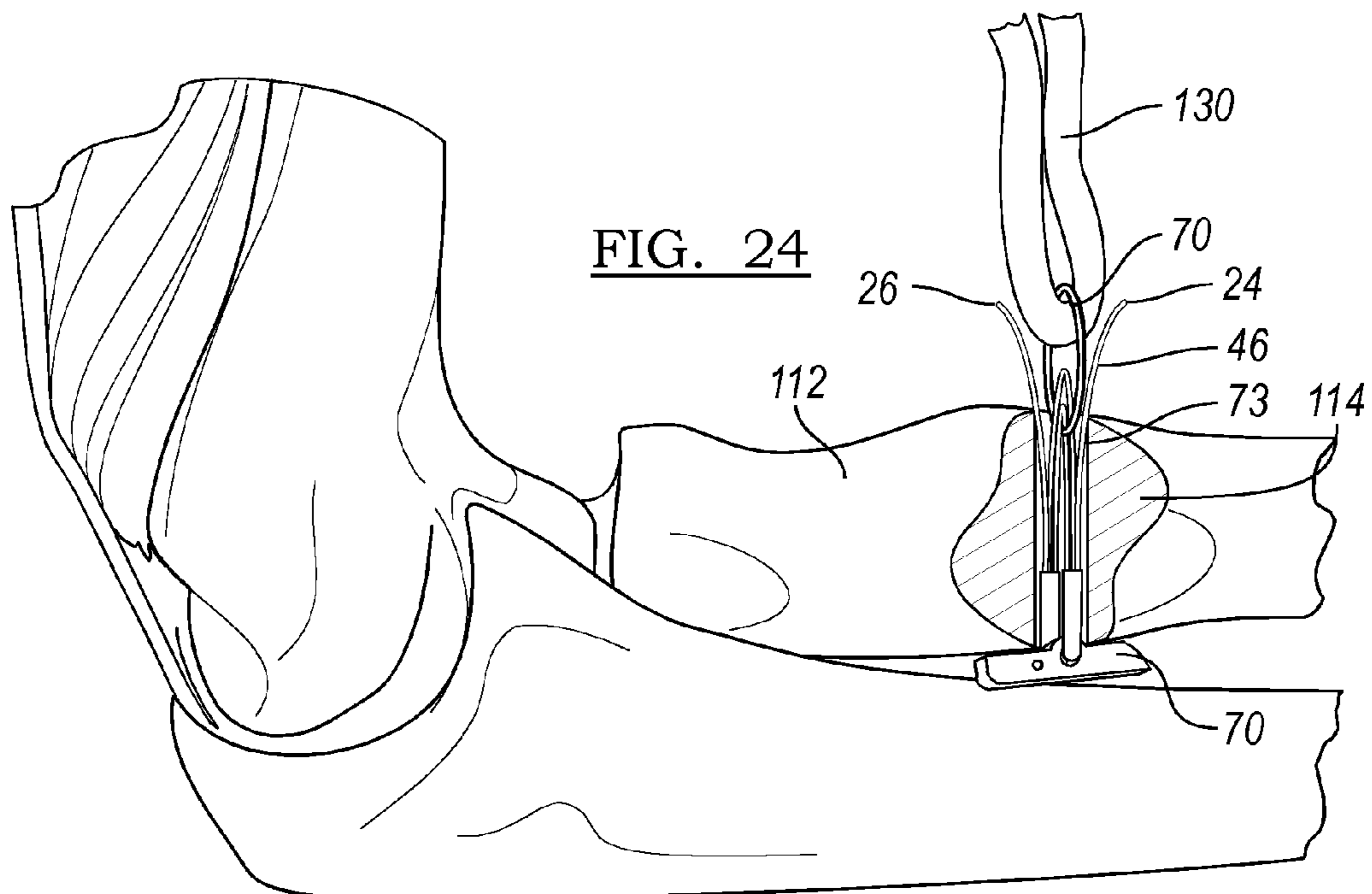


FIG. 24



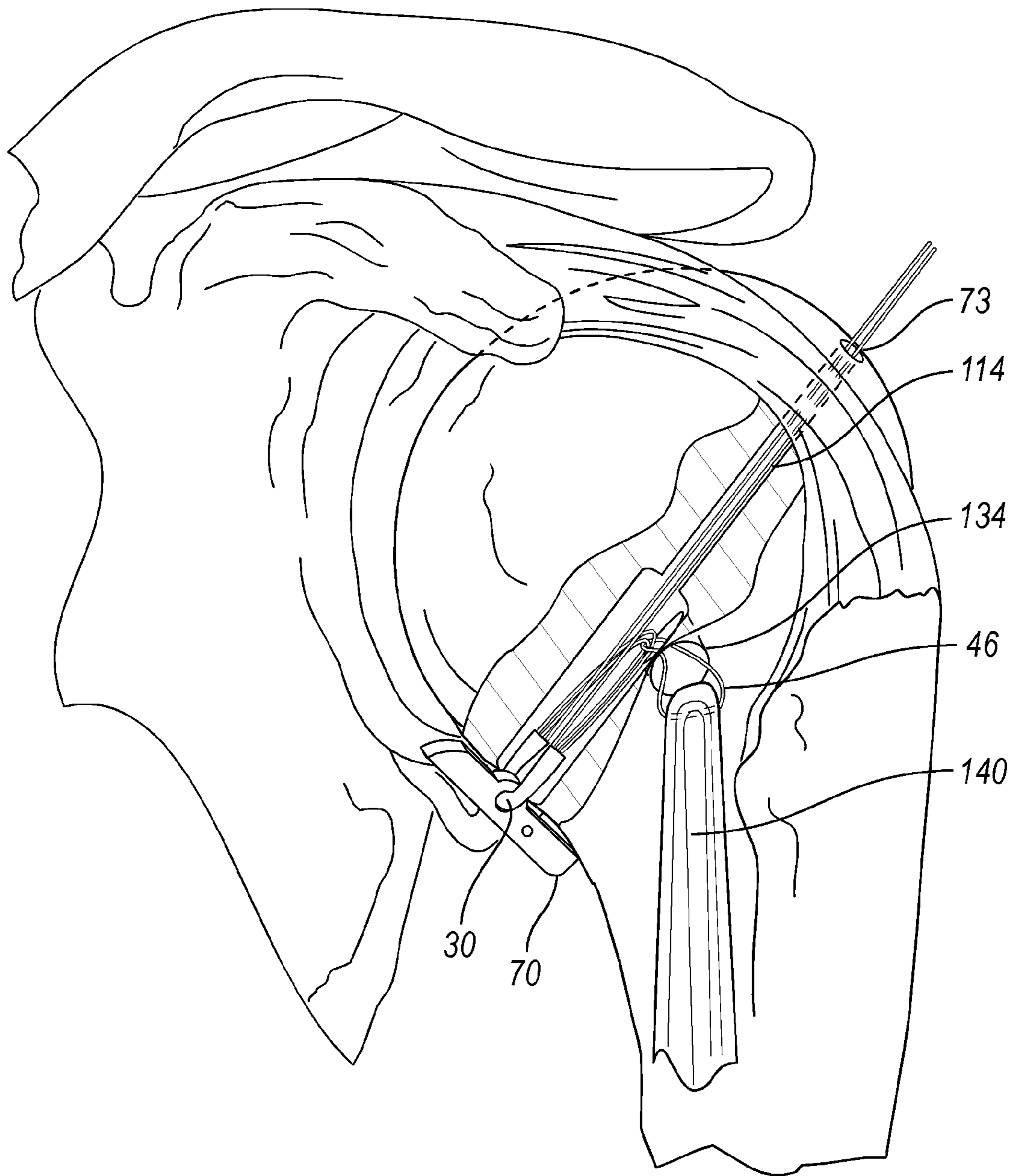


FIG. 25

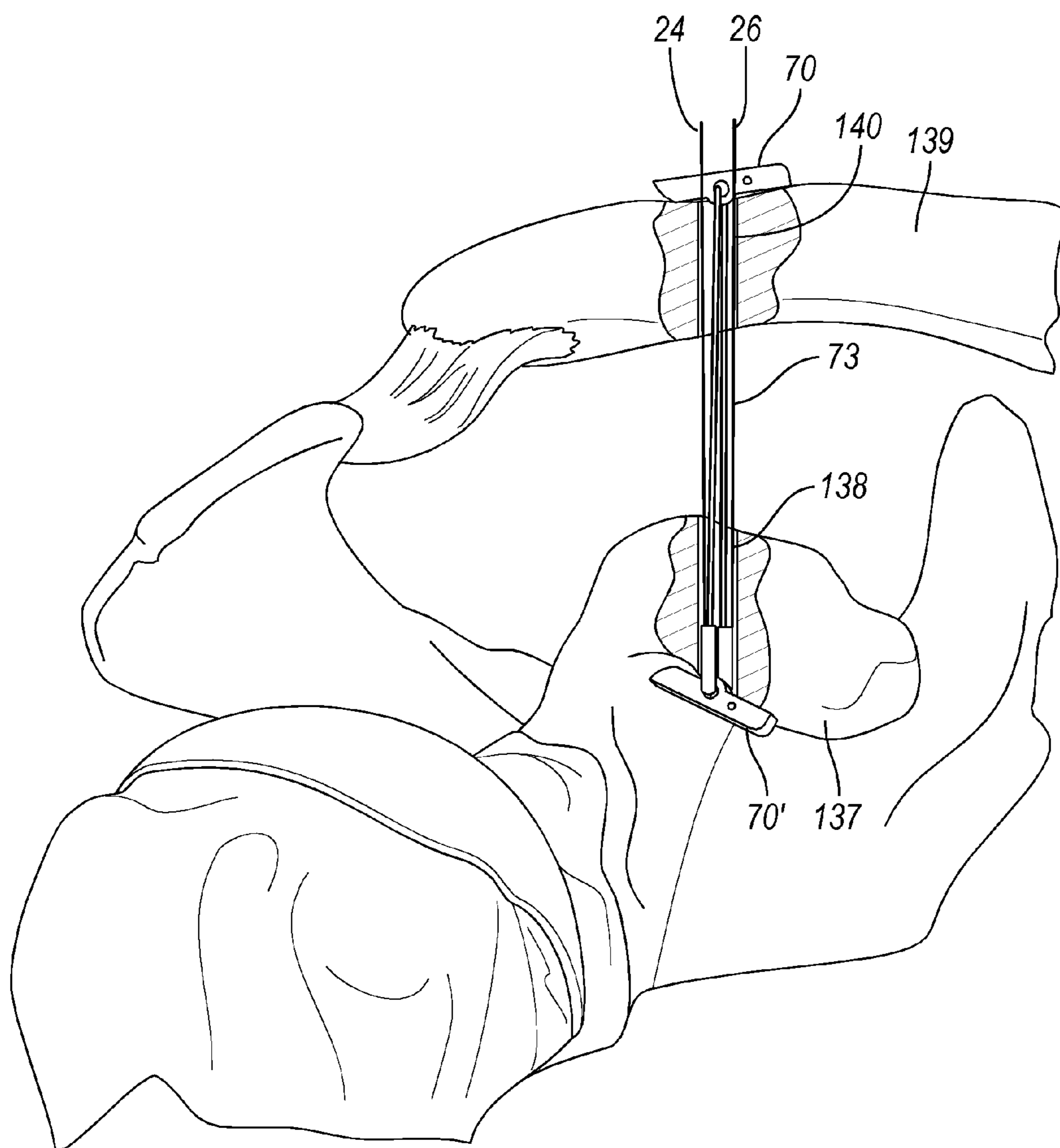


FIG. 26

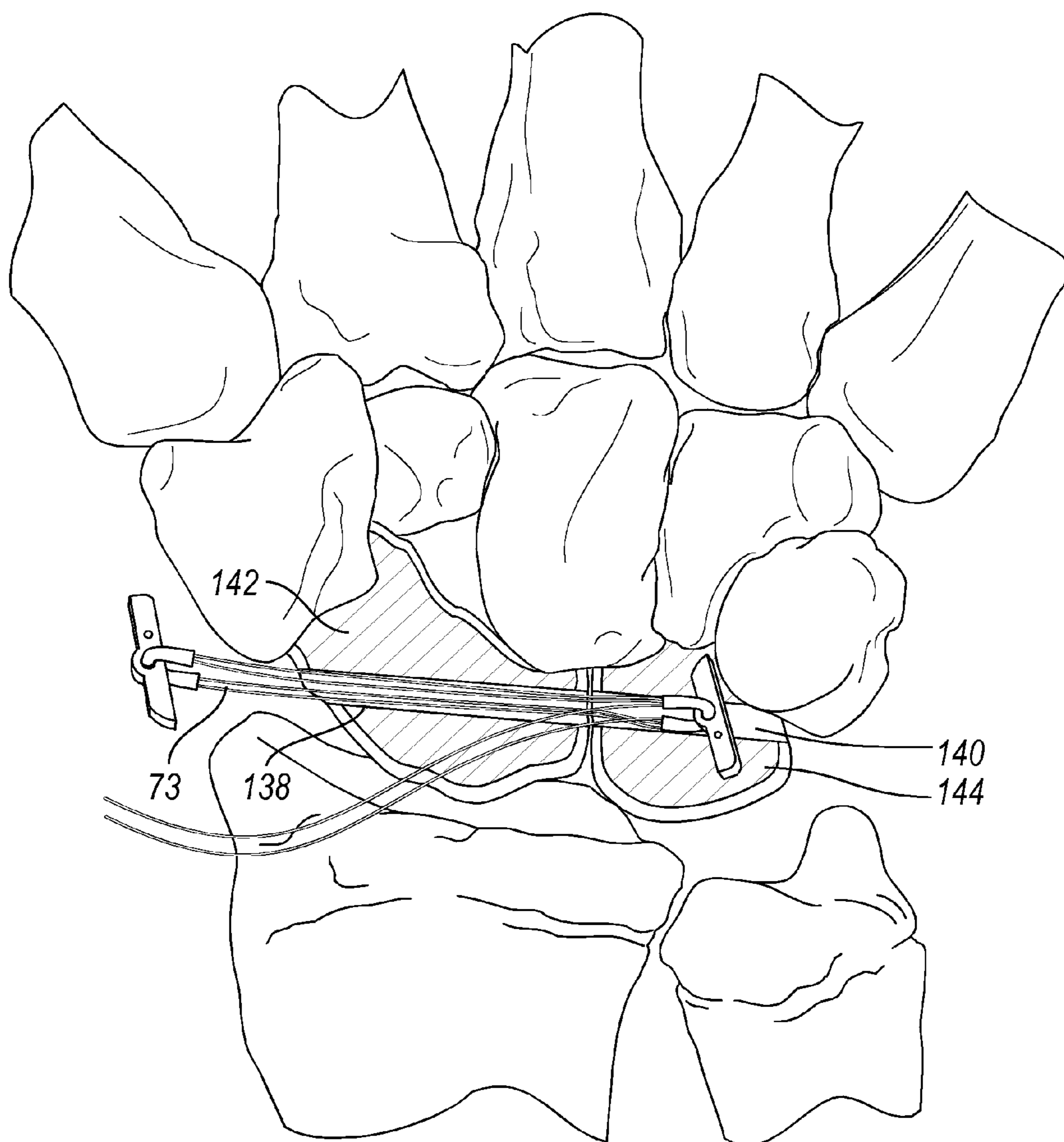
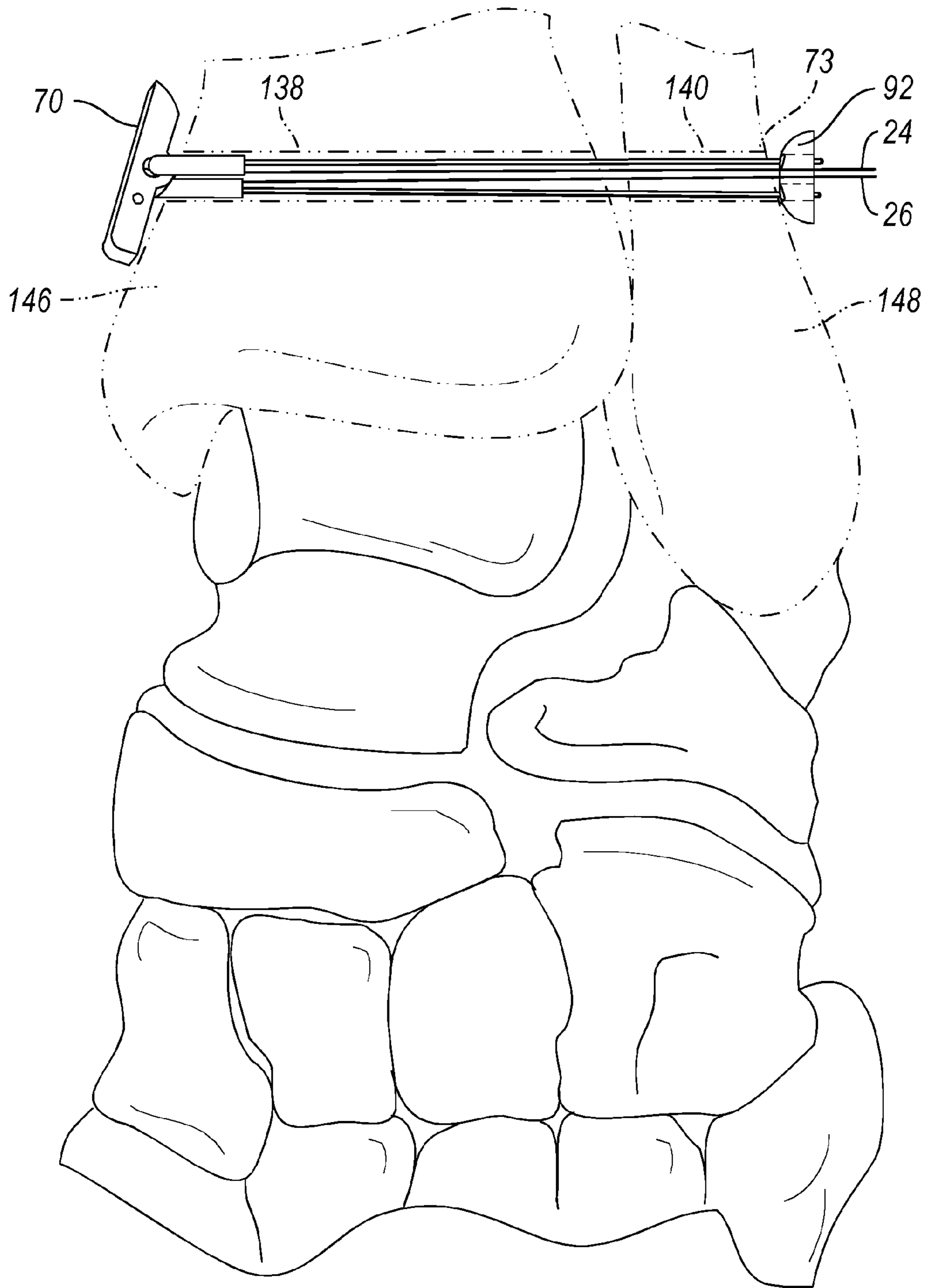


FIG. 27



METHOD AND APPARATUS FOR COUPLING ANATOMICAL FEATURES

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a divisional of U.S. patent application Ser. No. 12/196,407 filed on Aug. 22, 2008, now U.S. Pat. No. 8,137,382, issued Mar. 20, 2012, which is a continuation-in-part application of: (1.) U.S. patent application Ser. No. 11/541,506 filed on Sep. 29, 2006, now U.S. Pat. No. 7,601,165 issued Oct. 13, 2009; (2.) U.S. patent application Ser. No. 12/014,399 filed on Jan. 15, 2008, now U.S. Pat. No. 7,909,851 issued Mar. 22, 2011; (3.) U.S. patent application Ser. No. 12/014,340 filed on Jan. 15, 2008, now U.S. Pat. No. 7,905,904 issued Mar. 15, 2011; (4.) U.S. patent application Ser. No. 11/935,681 filed on Nov. 6, 2007, now U.S. Pat. No. 7,905,903 issued Mar. 15, 2011; (5.) U.S. patent application Ser. No. 11/869,440 filed on Oct. 9, 2007, now U.S. Pat. No. 7,857,830 issued Dec. 28, 2010; (6.) U.S. patent application Ser. No. 11/784,821 filed on Apr. 10, 2007; (7.) U.S. patent application Ser. No. 11/347,661 filed on Feb. 3, 2006, now U.S. Pat. No. 7,749,250 issued Jul. 6, 2010; and (8.) U.S. patent application Ser. No. 11/347,662 filed on Feb. 3, 2006, now abandoned. The disclosures of the above applications are incorporated herein by reference.

FIELD

The present disclosure relates to a method and apparatus for stabilizing tissue and, more particularly, to a method of coupling soft tissue to a bone and for stabilizing anatomical features.

BACKGROUND

The statements in this section merely provide background information related to the present disclosure and may not constitute prior art.

It is commonplace in arthroscopic procedures to employ sutures and anchors to secure soft tissues to bone. Despite their widespread use, several improvements in the use of sutures and suture anchors may be made. For example, the procedure of tying knots may be very time consuming, thereby increasing the cost of the procedure and limiting the capacity of the surgeon. Furthermore, the strength of the repair may be limited by the strength of the knot. This latter drawback may be of particular significance if the knot is tied improperly as the strength of the knot in such situations may be significantly lower than the tensile strength of the suture material.

To improve on these uses, sutures having a single pre-formed loop have been provided. FIG. 1 represents a prior art suture construction. As shown, one end of the suture is passed through a passage defined in the suture itself. The application of tension to the ends of the suture pulls a portion of the suture through the passage, causing a loop formed in the suture to close. Relaxation of the system, however may allow a portion of the suture to translate back through the passage, thus relieving the desired tension.

It is an object of the present teachings to provide an alternative device for anchoring sutures to bone and soft tissue. The device, which is relatively simple in design and structure, is highly effective for its intended purpose.

SUMMARY

To overcome the aforementioned deficiencies, a method for configuring a braided tubular suture and a suture configu-

ration are disclosed. The method includes passing a first end of the suture through a first aperture into a passage defined by the suture and out a second aperture defined by the suture so as to place the first end outside of the passage. A second end of the suture is passed through the second aperture into the passage and out the first aperture so as to place the second end outside of the passage.

A method of surgically implanting a suture construction into a tunnel formed in a bone is disclosed. A suture construction is formed by passing the suture through a bore defined by a locking member. A first end of the suture is passed through a first aperture within the suture into a passage defined by the suture and out a second aperture defined by the suture so as to place the first end outside of the passage and define a first loop. A second end of the suture is then passed through the second aperture into the passage and out the first aperture so as to place the second end outside of the passage, and define a second loop. The first and second ends and the first and second loops are then passed through the tunnel. Soft tissue is then passed through the first and second loops. Tension is applied onto the first and second ends to constrict the first and second loops about the soft tissue.

In another embodiment, a method of surgically implanting a suture is disclosed. The suture is passed through a bore defined by a first fastener. A suture construction is formed by passing the suture through a bore defined by a locking member. A first end of the suture is passed through a first aperture within the suture into a passage defined by the suture and out a second aperture defined by the suture so as to place the first end outside of the passage and define a first loop. A second end of the suture is then passed through the second aperture into the passage and out the first aperture so as to place the second end outside of the passage, and define a second loop. A second fastener is coupled to at least one of the first and second loops. After the fastener is coupled to the patient, tension is applied onto the first and second ends to constrict at least one of the first and second loops.

In another embodiment a method of surgically implanting a soft tissue replacement for attaching two bone members is disclosed. First and second tunnels are formed in first and second bones. A pair of locking members having a first profile which allows insertion of the locking members through the tunnel and a second profile which allows engagement with the positive locking surface upon rotation of the locking members is provided. The suture construction described above is coupled to the locking members. The first and second ends and the first and second loops of the construction and the locking member are threaded through the first and second tunnels. Tension is applied to the suture construction to engage the locking members and pull the first and second bones together.

In another embodiment an assembly for coupling a first portion of an anatomy to a second portion of the anatomy is disclosed. The assembly includes an anchor having an anchor body and a first and second bores through the anchor body. A first adjustable suture construct having a body portion passes through the first bore of the anchor and includes first and second adjustable loops slidable relative to a passage portion defined in the body portion of the first adjustable suture construct. A similar second adjustable suture construct passes through the second bore of the anchor.

In another embodiment, a method of coupling a first portion of an anatomy to a second portion of the anatomy is disclosed. The method includes forming a first bore in a first bone of the anatomy, forming a second bore in a second bone of the anatomy, and positioning a first anchor relative to the first bore. A second anchor is positioned relative to the second

bore. First and second adjustable suture constructs extend from the second anchor. Each of the first and second adjustable suture constructs have corresponding body portions and are positioned between the first and second bones. The first and second adjustable suture constructs are coupled with corresponding first and second ligament replacements. At least one end of the first adjustable suture construct is tensioned to tension the first ligament replacement and adjust a size of first and second adjustable loops slidably passing through a longitudinal interior bore defined in a passage portion of the body portion of the first adjustable suture construct. Similarly, at least one end of the second adjustable suture construct is tensioned to tension the second ligament replacement.

Further areas of applicability will become apparent from the description provided herein. It should be understood that the description and specific examples are intended for purposes of illustration only and are not intended to limit the scope of the present disclosure.

DRAWINGS

The drawings described herein are for illustration purposes only and are not intended to limit the scope of the present disclosure in any way.

FIG. 1 represents a prior art suture configuration;

FIGS. 2A and 2B represent suture constructions according to the teachings;

FIG. 3 represents the formation of the suture configuration shown in FIG. 2A;

FIGS. 4A and 4B represent alternate suture configurations;

FIGS. 5-7 represent further alternate suture configurations;

FIG. 8 represents the suture construction according to FIG. 5 coupled to a bone engaging fastener;

FIGS. 9-11B represent the coupling of the suture construction according to FIG. 5 to a bone screw;

FIGS. 12A-12E represent the coupling of a soft tissue to an ACL replacement in a femoral/humeral reconstruction;

FIGS. 13A-13D represent a close-up view of the suture shown in FIGS. 1-11C;

FIGS. 14-18 represent fasteners used in the teaching herein;

FIG. 19 represents the preparation of the femoral and humerus according to the teachings herein;

FIGS. 20 and 21 represent suture constructions;

FIGS. 22A through 22D represent the use of the suture construction of FIG. 21 to couple a soft tissue construction to a femoral/humeral tunnel;

FIGS. 23 and 24 represent the coupling of soft tissue to an ulna;

FIG. 25 represents the coupling of soft tissue to a humerus; and

FIGS. 26-28 represent the stabilization of bony structures utilizing suture constructions taught herein.

DETAILED DESCRIPTION

The following description is merely exemplary in nature and is not intended to limit the present disclosure, application, or uses. It should be understood that throughout the drawings, corresponding reference numerals indicate like or corresponding parts and features.

FIG. 2A represents a suture construction 20 according to the present teachings. Shown is a suture 22 having a first end 24 and a second end 26. The suture 22 is formed of a braided body 28 that defines a longitudinally formed hollow passage 30 therein. First and second apertures 32 and 34 are defined in

the braided body 28 at first and second locations of the longitudinally formed passage 30.

Briefly referring to FIG. 3, a first end 24 of the suture 22 is passed through the first aperture 32 and through longitudinal passage 30 formed by a passage portion and out the second aperture 34. The second end 26 is passed through the second aperture 34, through the passage 30 and out the first aperture 32. This forms two loops 46 and 46'. As seen in FIG. 2B, the relationship of the first and second apertures 32 and 34 with respect to the first and second ends 24 and 26 can be modified so as to allow a bow-tie suture construction 36. As described below, the longitudinal and parallel placement of first and second suture portions 38 and 40 of the suture 22 within the longitudinal passage 30 resists the reverse relative movement of the first and second portions 38 and 40 of the suture 22 once it is tightened.

The first and second apertures are formed during the braiding process as loose portions between pairs of fibers defining the suture 22. As further described below, the first and second ends 24 and 26 can be passed through the longitudinal passage 30 multiple times. It is envisioned that either a single or multiple apertures can be formed at the ends of the longitudinally formed passage.

As best seen in FIGS. 4A and 4B, a portion of the braided body 28 of the suture 22 defining the longitudinal passage 30 can be braided so as to have a diameter larger than the diameter of the first and second ends 24 and 26. Additionally shown are first through fourth apertures 32, 34, 42, and 44. These apertures can be formed in the braiding process or can be formed during the construction process. In this regard, the apertures 32, 34, 42, and 44 are defined between adjacent fibers in the braided body 28. As shown in FIG. 4B, and described below, it is envisioned the sutures can be passed through other biomedically compatible structures.

FIGS. 5-7 represent alternate constructions wherein a plurality of loops 46a-d are formed by passing the first and second ends 24 and 26 through the longitudinal passage 30 multiple times. The first and second ends 24 and 26 can be passed through multiple or single apertures defined at the ends of the longitudinal passage 30. The tensioning of the ends 24 and 26 cause relative translation of the sides of the suture 22 with respect to each other.

Upon applying tension to the first and second ends 24 and 26 of the suture 22, the size of the loops 46a-d is reduced to a desired size or load. At this point, additional tension causes the body of the suture 22 defining the longitudinal passage 30 to constrict about the parallel portions of the suture 22 within the longitudinal passage 30. This constriction reduces the diameter of the longitudinal passage 30, thus forming a mechanical interface between the exterior surfaces of the first and second parallel portions as well as the interior surface of the longitudinal passage 30.

As seen in FIGS. 8-11, the suture construction can be coupled to various biocompatible hardware. In this regard, the suture construction 20 can be coupled to an aperture 52 of the bone engaging fastener 54. Additionally, it is envisioned that soft tissue or bone engaging members 56 can be fastened to one or two loops 46. After fixing the bone engaging fastener 54, the members 56 can be used to repair, for instance, a meniscal tear. The first and second ends 24, 26 are then pulled, setting the tension on the loops 46, thus pulling the meniscus into place. Additionally, upon application of tension, the longitudinal passage 30 is constricted, thus preventing the relaxation of the tension caused by relative movement of the first and second parallel portions 38, 40, within the longitudinal passage 30.

As seen in FIGS. 9-11B, the loops 46 can be used to fasten the suture construction 20 to multiple types of prosthetic devices. As described further below, the suture 22 can further be used to repair and couple soft tissues in an anatomically desired position. Further, retraction of the first and second ends allows a physician to adjust the tension on the loops between the prosthetic devices.

FIG. 11b represents the coupling of the suture construction according to FIG. 2B with a bone fastening member. Coupled to a pair of loops 46 and 46' is tissue fastening members 56. The application of tension to either the first or second end 24 or 26 will tighten the loops 46 or 46' separately.

FIGS. 12A-12E represent potential uses of the suture constructions 20 in FIGS. 2A-7 in an ACL repair. As can be seen in Figure 12A, the longitudinal passage portion 30 of suture construction 20 can be first coupled to a fixation member 60. The member 60 can have a first profile which allows insertion of the member 60 through the tunnel and a second profile which allows engagement with a positive locking surface upon rotation. The longitudinal passage portion 30 of the suture construction 20, member 60, loops 46 and ends 24, 26 can then be passed through a femoral and tibial tunnel 62. The fixation member 60 is positioned or coupled to the femur. At this point, a natural or artificial ACL 64 can be passed through a loop or loops 46 formed in the suture construction 20. Tensioning of the first and second ends 24 and 26 applies tension to the loops 46, thus pulling the ACL 64 into the tunnel. In this regard, the first and second ends are pulled through the femoral and tibial tunnel, thus constricting the loops 46 about the ACL 64 (see FIG. 12B).

As shown, the suture construction 20 allows for the application of force along an axis 61 defining the femoral tunnel. Specifically, the orientation of the suture construction 20 and, more specifically, the orientation of the longitudinal passage portion 30, the loops 46, and ends 24, 26 allow for tension to be applied to the construction 20 without applying non-seating forces to the fixation member 60. As an example, should the loops 24, 26 be positioned at the member 60, application of forces to the ends 24, 26 may reduce the seating force applied by the member 60 onto the bone.

As best seen in FIG. 12C, the body portion 28 and parallel portions 38, 40 of the suture construction 20 remain disposed within to the fixation member 60. Further tension of the first ends draws the ACL 64 up through the tibial component into the femoral component. In this way, suture ends can be used to apply appropriate tension onto the ACL 64 component. The ACL 64 would be fixed to the tibial component using a plug or screw as is known.

After feeding the ACL 64 through the loops 46, tensioning of the ends allows engagement of the ACL with bearing surfaces defined on the loops. The tensioning pulls the ACL 64 through a femoral and tibial tunnel. The ACL 64 could be further coupled to the femur using a transverse pin or plug. As shown in FIG. 12E, once the ACL is fastened to the tibia, further tensioning can be applied to the first and second ends 24, 26 placing a desired predetermined load on the ACL. This tension can be measured using a force gauge. This load is maintained by the suture configuration. It is equally envisioned that the fixation member 60 can be placed on the tibial component 66 and the ACL pulled into the tunnel through the femur. Further, it is envisioned that bone cement or biological materials may be inserted into the tunnel 62.

FIGS. 13A-13D represent a close-up of a portion of the suture 20. As can be seen, the portion of the suture defining the longitudinal passage 30 has a diameter d_1 which is larger than the diameter d_2 of the ends 24 and 26. The first aperture 32 is formed between a pair of fiber members. As can be seen,

the apertures 32, 34 can be formed between two adjacent fiber pairs 68, 70. Further, various shapes can be braided onto a surface of the longitudinal passage 30.

The sutures are typically braided of from 8 to 16 fibers. These fibers are made of nylon or other biocompatible material. It is envisioned that the suture 22 can be formed of multiple type of biocompatible fibers having multiple coefficients of friction or size. Further, the braiding can be accomplished so that different portions of the exterior surface of the suture can have different coefficients of friction or mechanical properties. The placement of a carrier fiber having a particular surface property can be modified along the length of the suture so as to place it at varying locations within the braided constructions.

FIGS. 14-18 represent various fasteners which can be used with the suture constructions of FIGS. 1-7. FIG. 14 represents an elongated anchor 70 defining a suture accepting bore 72. As described below, the anchor 70 has a first profile 79 which allows the anchor 70 to be passed through a bore defined in a bone. The anchor 70 can be rotated so as to have a second profile 74 to allow engagement with a patient. The fastener 70 has a tissue engaging surface 76 which is configured to engage either soft tissue or bone. Examples of this can be found in the form of a toggle lock in co-assigned and co-pending U.S. patent application Ser. No. 10/864,900, incorporated herein by reference.

As shown in FIGS. 15 and 16, the fasteners 78 and 80 can have a generally cylindrical body 82 defining a through bore 84. Disposed across the through bore 84 is a transverse pin 86 which is configured to slidably bear the suture construction. Optionally, the fastener can have an outer engagement rib or flange 83 which is configured to engage the periphery of an aperture formed in the bone. The cylindrical body 82 can have an outside diameter which is less than the diameter of the bore in the bone.

As shown in FIGS. 17 and 18, the fasteners 90 and 92 can have a general planar button configuration having a plurality of suture accepting through bores 93. These bores 93 can slidably or fixably accept the suture 22. The button can have a diameter greater than the diameter of the tunnel formed in the bone. It is envisioned the fasteners 90 and 92 can have flat or curved bearing surfaces. In this regard, the bearing surface of the fasteners 90 and 92 can have a convex bearing shape.

FIGS. 19-22B represent the use of the suture construction to couple a bone-tendon-bone graft construction 100 within a femoral/tibial tunnel 102. As shown in FIG. 19, the tunnel 99 can have a first portion 103 with a first diameter 107 and a second portion 109 having second smaller diameter 108 within the femur. As described below, the second diameter 108 can be used to couple the bone-tendon-bone construction 100 to the tunnel.

As shown in FIGS. 20 and 21, a loop of suture 96 is passed through a collapsible tube 98. The collapsible tube or a pair of loops formed by a suture 22 is positioned within the bore 72 of a first fastener 70. As described above, the collapsible tube 98 can be a portion of the suture 22, or can be a separate member.

As seen in FIG. 21, to form the suture construction 73, the suture 22 is passed through the first bore 72 defined by the first fastener 70. The suture 22 can then be passed through a second bore defined by a second fastener 70 or a suture loop 77. In any of the embodiments, the collapsible tube 98 can be a portion of the suture. A first end 26 of the suture 22 is passed through a first aperture 34 defined by the collapsible tube 98 into a passage portion 30 defined by the collapsible tube 98 and out a second aperture 36 defined by the collapsible tube 98 so as to place the first end outside of the passage portion 30

and form a first loop. A second end 26 of the suture 22 is passed through the second aperture 36 into the passage portion 30 and out the first aperture 34 so as to place the second end 26 outside of the passage portion 30 and form a second loop 47. At this point, the passage portion 30 can optionally be positioned within the first bore 72 of the fastener 70 or the loop of the suture 22.

As seen in FIG. 22A and 22B, the construction 73 is coupled to a bone-tendon-bone construction 100 using the loop of suture 77 or a fastener. The bone-tendon-bone implant 100 can be formed of an allograft-tendon construction or artificial bone-tendon or bone-tendon-bone prosthetic assembly. It is envisioned the physician can intraoperatively determine the desired graft or graft assembly length and appropriate graft tension.

After fixing the suture construction to the bone-tendon-bone construction 100 by for example a through pin 111, the bone-tendon-bone construction 100 is installed into the tunnel 102 formed in a femur and tibia 104, 105. As described above with respect to FIG. 12A, the suture construction 73 of FIG. 21 can be fed through the femoral tunnel 102. The bone-tendon-bone construction 100 is then put into the tunnel 102. A first portion 106 of the bone-tendon-bone construction 100 is coupled to a tibial tunnel using a fastener 101 positioned within the tunnel. A second portion of the bone-tendon-bone construction 100 is pulled taught into the femoral tunnel by tensioning the ends 24 and 26 of the suture construction 73. The portion 113 of the bone-tendon-bone construction 100 can be coupled to the femur using a transverse or parallel bone engaging screw 101.

As seen in FIG. 22C and 22D, a pair of suture constructions 22 and 22' are coupled to a pair of soft tissue replacements 64 and 64' using the loops of suture 77, 77' or a fastener. The pair of soft tissue replacements 64 and 64' can be formed of artificial or harvested tendon material. It is envisioned the physician can intraoperatively determine the desired graft or graft assembly length and appropriate graft tension.

After fixing the suture constructions 22 and 22' to a toggle lock (see FIG. 22D) and the pair of soft tissue replacements 64 and 64' are implant into the tunnel 102 formed in a femur and tibia 104, 105. As described above with respect to FIG. 12A, the suture constructions 22 and 22' of FIG. 21 can be fed through the femoral tunnel 104. The pair of soft tissue replacements 64 and 64' are then pulled into the tunnel 104 by applying tension onto the ends 24-26' of the suture constructions. A first portion 106 of the pair of soft tissue replacements 64 and 64' is coupled to a tibial tunnel 105 using a fastener 101 such as a WASHERLOK™ tibial fixation as provided by Biomet Sports Medicine positioned within the tunnel. A second portion of the pair of soft tissue replacements 64 and 64' is pulled taught into the femoral tunnel by tensioning the ends 24 and 26 of the suture construction 73. The portion 113 of the pair of soft tissue replacements 64 and 64' can be coupled to the femur using a transverse or parallel bone engaging screw 101. It is envisioned the suture ends 24 and 26 can be passed through a medial portal 25 to facilitate the tensioning of the pair of soft tissue replacements 64 and 64'.

Alternatively, after insertion into the femoral tunnel 102, as seen in FIG. 12B, an appropriate amount of tension is applied to the pair of soft tissue replacements 64 and 64' by applying tension to the ends 24 and 26 of the suture construction. A fastener 101 is engagably driven between the ends of pair of soft tissue replacements 64 and 64' and the internal surface of the bore formed in the tibia. This locks the pair of soft tissue replacements 64 and 64' to the bone.

FIG. 23 represents the coupling of a flexor tendon 110 to the humerus. Shown is the ulna 112 having a through bore

114. The through bore 114 can accept the suture construction 73 shown in FIG. 21. As described above with respect to the ACL replacement shown in FIG. 12A, the suture construction 73 is fed through the tunnel 114 formed in the ulna 112. A soft tissue graft 110 is fed through the pair of loops 46, 47 formed by the suture construction 73. The ends 24, 26 of the suture 22 are then pulled so as to pull the soft tissue graft 110 to or into the tunnel 114. A second end of the soft tissue graft 118 can be coupled to a bore 120 formed in a lateral epicondyle 122 of the humerus. A soft tissue engaging fastener 101 can be used to couple a soft tissue 110 to the bore 120. After engagement of the soft tissue fastener 101, the tension of the soft tissue 110 can be adjusted by the tensioning of the suture construction 73.

Similarly, as shown in FIG. 24, the bicep brachii tendon 130 can be coupled to the ulna 112 using the suture construction 73 shown in FIG. 21. In this regard, a bore 114 is formed in the ulna. The fixation member 70 is then positioned or coupled to the ulna 112. At this point, a natural or artificial bicep brachii tendon 130 can be passed through a loop or second fastener 70 or the loops 46, 47 formed in the suture construction 73. Tensioning of the first and second ends 24 and 26 applies tension to the loops 46, 47, thus pulling the tendon 64 to or into the bore 114. The constricting the loops 46,47 then fasten the bicep brachii tendon 130 to the ulna 112. It is envisioned a bone coupling fastener 101 can be used to fix the soft tissue 130 to the ulna.

FIG. 25 shows the coupling of soft tissue 140 to the head of the humerus. Defined in the humerus is a bore 114 configured to support the suture construction 73. This bore can further have a transverse passage 134. The transverse passage 134 can have at least one loop of the suture construction 73 disposed therethrough so as to allow the coupling of soft tissue to or through the transverse passage 134. The longitudinal passage portion 30 of suture construction 73 can be first coupled to a fixation member 70. The member 70 has a first profile which allows insertion of the member 70 through the tunnel and a second profile which allows engagement with a positive locking surface upon rotation. The longitudinal passage portion 30 of the suture construction 73, member 70, loops 46 and ends 24, 26 can then be passed through the tunnel.

The fixation member 70 is positioned or coupled to the humeral head. At this point, a natural or artificial bicep tendon 140 can be passed through a loop or loops formed in the suture construction 73. Tensioning of the first and second ends 24 and 26 applies tension to the loops, thus pulling the tendon 140 to or into the transverse passage 134. In this regard, the first and second ends are pulled through the tunnel 114, thus constricting the loops about the tendon 140 and pulling the tendon 140 or soft tissue to the transverse tunnel 134. Optionally, a soft tissue fastening screw can be used to fix the tendon 140 to the transverse passage 134.

As shown in FIGS. 26-28, the suture construction 73 as shown in FIGS. 1-7 can be used to couple and position bony elements of a patient. FIG. 26 shows the coupling of a coracoid process 137 to the spine of scapula 139. In this regard, a pair of coaxial bores 138 and 140 are formed within the coracoid process 137 and spine of scapula 139. A pair of anchors 70, such as those shown in FIGS. 14-18, are coupled to a suture construction 73 such as the one shown in FIG. 2A or 4A. A first fastener 70 is fed through the aperture formed in the spine of scapula while the second fastener 70' is fed through the bore 140 formed in the coracoid process 137. Tension is applied to the ends 24 and 26 of the suture construction 73, pulling the bony structures into proper position.

The suture construction of FIGS. 1-7 allow for the alignment compression and/or positioning of the bone elements without the need to form knots.

Similarly, as shown in FIG. 27, the lunate 142 and scaphoid 144 can be drawn together using the construction 73 shown in FIG. 26. In this regard, it is envisioned that both the lunate 142 and scaphoid 144 can have appropriate bores 138 and 140 formed therein. These bores accept the suture construction 73 as shown in 26 to allow stabilization of the patient's anatomy.

As shown in FIG. 28, the radius 146 and ulna 148 can be coupled together by the use of a pair of axial suture accepting passages 138 and 140. In this configuration, the suture construction uses a first fastener 70 which is configured to pass through the passages 138 and 140. Additionally, the fastener 92 shown in FIG. 18 can be used as a load bearing member and bear against the ulna 148 and the application of tension to the ends 24 and 26 of the suture construction 73 tightens the suture construction and stabilizes the bones of the joint.

The description of the invention is merely exemplary in nature and, thus, variations that do not depart from the gist of the invention are intended to be within the scope of the invention. For example, any of the above mentioned surgical procedures is applicable to repair of other body portions. For example, the procedures can be equally applied to the repair of wrists, elbows, ankles, and meniscal repair. The suture loops can be passed through bores formed in soft or hard tissue. It is equally envisioned that the loops can be passed through or formed around an aperture or apertures formed in prosthetic devices e.g. humeral, femoral or tibial stems. Such variations are not to be regarded as a departure from the spirit and scope of the invention.

What is claimed is:

1. A method of coupling a first portion of an anatomy to a second portion of the anatomy comprising:

forming a first bore in a first bone of the anatomy;
forming a second bore in a second bone of the anatomy;
positioning a first anchor relative to the first bore;
positioning a second anchor relative to the second bore, the second anchor having first and second adjustable suture constructs extending from the second anchor, each of the first and second adjustable suture constructs defining corresponding body portions;

positioning the first and second adjustable suture constructs between the first and second bones;

coupling the first and second adjustable suture constructs with corresponding first and second ligament replacements;

tensioning at least one end of the first adjustable suture construct to tension the first ligament replacement, wherein tensioning at least one end of the first adjustable suture construct includes adjusting a size of first and second adjustable loops slidably passing through a longitudinal interior bore defined in a passage portion of the body portion of the first adjustable suture construct; and
tensioning at least one end of the second adjustable suture construct to tension the second ligament replacement, wherein tensioning at least one end of the second adjustable suture construct includes adjusting a size of first and second adjustable loops slidably passing through a longitudinal interior bore defined in a passage portion of the body portion of the second adjustable suture construct.

2. The method of claim 1, wherein the first adjustable suture construct passes through a first through bore of the second anchor and wherein the second adjustable suture construct passes through a second through bore of the second anchor.

3. The method of claim 2, wherein the first and second adjustable loops of the first adjustable suture construct are coupled to a portion of the first ligament replacement positioned in the second bore of the second bone, and wherein the first and second adjustable loops of the second adjustable suture construct are coupled to a portion of the second ligament replacement positioned in the second bore of the second bone.

4. The method of claim 3, wherein the first anchor is coupled to portions of the first and second ligament replacement in the first bore of the first bone.

5. The method of claim 3, wherein first and second adjustable loops of the first adjustable suture construct are coupled to the first ligament replacement with a first fastener formed by a suture loop.

6. The method of claim 3, wherein first and second adjustable loops of the second adjustable suture construct are coupled to the second ligament replacement with a second fastener.

7. The method of claim 1, wherein the second anchor is a toggle anchor.

8. The method of claim 7, further comprising:

passing the toggle anchor through the first bore of the first bone and through and outside the second bore of the second bone in a first orientation aligned with the corresponding first and second bores; and

rotating the toggle anchor to a second orientation transverse to the first orientation outside the second bore of the second bone.

9. The method of claim 1, wherein the first adjustable suture construct has first and second ends, and the first end passes through a first aperture defined by the body portion and into the longitudinal internal bore of the passage portion and out a second aperture defined by the body portion to form the first adjustable loop of the first adjustable suture construct, and wherein the second end of the suture passes through a third aperture defined by the body portion and into the longitudinal internal bore and out a fourth aperture defined by the body portion to form the second adjustable loop of the first adjustable suture construct.

10. The method of claim 9, wherein the first aperture coincides with the fourth aperture and the second aperture coincides with the third aperture.

11. The method of claim 9, wherein the second adjustable suture construct has first and second ends, and the first end passes through a first aperture defined by the body portion and into the longitudinal internal bore of the passage portion and out a second aperture defined by the body portion to form the first adjustable loop of the second adjustable suture construct, and wherein the second end of the suture passes through a third aperture defined by the body portion and into the longitudinal internal bore and out a fourth aperture defined by the body portion to form the second adjustable loop of the second adjustable suture construct.

12. The method of claim 11, wherein the first aperture coincides with the fourth aperture and the second aperture coincides with the third aperture.

13. A method of coupling a first portion of an anatomy to a second portion of the anatomy comprising:

forming a first bore in a first bone of the anatomy;

forming a second bore in a second bone of the anatomy;

positioning a first anchor relative to the first bore;

positioning a second anchor relative to the second bore, wherein the second anchor has a first adjustable suture construct defining a body portion passing through a first transverse bore of the second anchor, and a second

11

adjustable suture construct defining a body portion passing through a second transverse bore of the second anchor;

positioning the first and second adjustable suture constructs between the first and second bones;

coupling first and second adjustable suture loops of the first adjustable suture construct with a first ligament replacement, wherein the first and second adjustable suture loops slidably pass through a longitudinal interior bore defined in a passage portion of the body portion of the first adjustable suture construct;

coupling first and second adjustable suture loops of the second adjustable suture construct with a second ligament replacement, wherein the first and second adjustable suture loops slidably pass through a longitudinal interior bore defined in a passage portion of the body portion of the second adjustable suture construct;

tensioning at least one end of first and second ends of the first adjustable suture construct to adjust a size of the first and second adjustable loops and tension the first replacement ligament; and

tensioning at least one end of first and second ends of the second adjustable suture construct to adjust a size of the first and second adjustable loops and tension the second ligament replacement.

14. The method of claim **13**, wherein the first end of the first adjustable suture construct passes through a first aperture defined by the body portion and into the longitudinal internal bore of the passage portion and out a second aperture defined by the body portion to form the first adjustable loop of the first adjustable suture construct, and wherein the second end of the of the first adjustable suture construct passes through a third aperture defined by the body portion and into the longitudinal internal bore and out a fourth aperture defined by the body portion to form the second adjustable loop of the first adjustable suture construct.

15. The method of claim **14**, wherein the first and second adjustable loops of the first adjustable suture construct extend outside the first and second bores, and wherein the first ligament replacement passes through the first and second adjustable loops of the first adjustable suture construct outside the first and second bores, and wherein the first and second adjustable loops of the second adjustable suture construct extend outside the first and second bores, and wherein the second replacement ligament passes through the first and second adjustable loops of the second adjustable suture construct outside the first and second bores.

16. A method of coupling a first portion of an anatomy to a second portion of the anatomy comprising:

forming a first bore in a first bone of the anatomy;

forming a second bore in a second bone of the anatomy;

positioning a first anchor relative to the first bore;

positioning a second anchor relative to the second bore, the second anchor having a first adjustable suture construct passing through a first transverse bore of the second

12

anchor and extending from the second anchor and a second adjustable suture construct passing through a second transverse bore of the second anchor and extending from the second anchor, each of the first and second adjustable suture constructs defining corresponding body portions;

positioning the first and second adjustable suture constructs between the first and second anchors;

tensioning at least one end of the first adjustable suture construct, wherein tensioning at least one end of the first adjustable suture construct includes adjusting a size of first and second adjustable loops slidably passing through a longitudinal passage portion defined in the body portion of the first adjustable suture construct; and

tensioning at least one end of the second adjustable suture construct, wherein tensioning at least one end of the second adjustable suture construct includes adjusting a size of first and second adjustable loops slidably passing through a longitudinal passage portion defined in the body portion of the second adjustable suture construct.

17. The method of claim **16**, wherein the first end of the first adjustable suture construct passes through a first aperture defined by the body portion and into the longitudinal passage portion and out a second aperture defined by the body portion to form the first adjustable loop of the first adjustable suture construct, and wherein the second end of the of the first adjustable suture construct passes through a third aperture defined by the body portion and into the longitudinal passage portion and out a fourth aperture defined by the body portion to form the second adjustable loop of the first adjustable suture construct.

18. The method of claim **16**, further comprising coupling the first and second adjustable suture loops of the first adjustable suture construct with a first ligament replacement and coupling first and second adjustable suture loops of the second adjustable suture construct with a second ligament replacement.

19. The method of claim **18**, wherein tensioning at least one end of first and second ends of the first adjustable suture construct tensions the first replacement ligament and tensioning at least one end of first and second ends of the second adjustable suture construct tensions the second ligament replacement.

20. The method of claim **19**, wherein the first and second adjustable loops of the first adjustable suture construct extend outside the first and second bores, and wherein the first ligament replacement passes through the first and second adjustable loops of the first adjustable suture construct outside the first and second bores, and wherein the first and second adjustable loops of the second adjustable suture construct extend outside the first and second bores, and wherein the second replacement ligament passes through the first and second adjustable loops of the second adjustable suture construct outside the first and second bores.

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UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 8,721,684 B2
APPLICATION NO. : 13/412127
DATED : May 13, 2014
INVENTOR(S) : Gregory J. Denham

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In The Specification

Column 5, Line 10; Delete “tissue fastening members” and insert --bone engaging members--.

Column 5, Line 38; Delete “24, 26” and insert --46--.

Column 5, Line 64; Delete “20” and insert --22--.

Column 6, Line 63; Delete “26” and insert --24--.

Column 7, Line 57; Delete “64.” and insert -64'--.

In the Claims

Column 9, Line 64, In Claim 2; after “first”, delete “through”.

Column 9, Line 66, In Claim 2; after “second”, delete “through”.

Column 12, Line 26, In Claim 17; after “end”, delete “of the”.

Signed and Sealed this
Twenty-seventh Day of January, 2015



Michelle K. Lee
Deputy Director of the United States Patent and Trademark Office